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ACQUIRED IMMUNODEFICIENCY SYNDROME RESEARCH AND INFORMATION ACT OF 1987

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Mr. KENNEDY, from the Committee on Labor and Human Resources, submitted the following

REPORT

[To accompany S. 1220]

The Committee on Labor and Human Resources, to which was referred the bill (S. 1220), to amend the Public Health Service Act to provide for a comprehensive program of education, information, risk reduction, training, prevention, treatment, care, and research concerning acquired immunodeficiency syndrome, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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I. SUMMARY OF BILL

S. 1220 amends the Public Health Service Act (PHSA) and makes additional provisions as follows:

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(1) DECLARATION OF AIDS AS A NATIONAL PUBLIC HEALTH EMERGENCY

(a) Directs the Secretary of Health and Human Services to declare AIDS a public health emergency, and increases authorization for the Public Health Emergency Fund from $30 million to $60 million.

(b) Requires the Secretary to prepare an annual report on DHHS AIDS activities and expenditures.

(c) Creates a dedicated AIDS treatment rapid evaluation facility at the Clinical Center of the National Institutes of Health.

(d) Provides for the hiring of up to 690 additional employees at CDC, NIH, and FDA to expand and expedite AIDS prevention and research efforts. Authorizes $100 million for FY88 for the clinical unit and the additional employees.

(e) Reduces time period for review and award of Federal research and prevention grants and contracts.

(f) Expedites "AIDS priority" requests for personnel and facilities.

(g) Provides for technical assistance to State and local governments and public and nonprofit private entities carrying out AIDS activities.

(h) Provides for an inquiry into the usefulness of creating consortia of businesses and institutions researching AIDS vaccines and drugs.

(i) Provides for an emergency information program directed at health and public safety workers.

(2) INTERNATIONAL EFFORTS

(a) Authorizes grants and technical assistance for international efforts to prevent and cure AIDS.

(b) Creates an International AIDS Research Data Bank at the National Library of Medicine.

(c) Authorizes $50 million for FY88 for these activities.

(3) NATIONAL INFORMATION PROGRAM

(a) Provides for the annual preparation of a comprehensive plan for a National AIDS Information Program.

(b) Creates a national information clearinghouse at CDC with development of model educational materials and methods.

(c) Provides support to national organizations for educational program development and to local government and community organizations for model prevention efforts.

(d) Provides support to public and private entities for public service announcements and paid advertising messages on AIDS.

(e) Expands AIDS information hotlines for the public and creates dedicated hotline for health workers.

(f) Authorizes $115 million for FY88 for the these activities.

(4) STATE INFORMATION AND PREVENTION PROGRAMS

(a) Channels funds directly to States for information and prevention programs for high-risk groups, health and safety professionals, and the general public. Requires pass through of funds to local governments and community organizations in high incidence areas.

Funds will be allotted to the States based on population and on the number of AIDS cases.

(b) Provides for training and technical assistance to States for planning, developing, and operating these programs.

(c) Requires the States to submit an annual report on activities conducted with these funds.

(d) Outlines auditing and accountability responsibilities of the States in the use of their allotments, and provides for evaluations of services and activities.

(e) Establishes criminal penalties for false statements in connection with payments from the allotments.

(f) Authorizes $150 million for FY88 for these activities.

(5) FELLOWSHIPS AND TRAINING

(a) Establishes special training programs for health professionals through CDC for epidemiology, surveillance, testing, and counseling, education, information, laboratory analysis, and risk reduction activities.

(b) Authorizes $4 million for FY88 for continuing medical education on AIDS through national organizations representing health care workers.

(c) Authorizes $11 million for FY88 for training for faculty at schools for health professionals. These awards will emphasize training and curriculum development in the care and treatment of people with AIDS, especially for minority AIDS patients and minority health professionals.

(6) STATE SERVICE PROGRAMS FOR CARE AND TREATMENT

(a) Provides funds to States to pay for home health care including case management, coordination and referral, respite and day care, outpatient mental health, and drug abuse treatment services. Priority is to be given to activities serving minorities and populations at high risk of contracting AIDS.

(b) Directs the States to establish a State AIDS Council to monitor, review, and evaluate services for AIDS patients.

(c) Provides for training and technical assistance to States for planning, developing, and operating these programs.

(d) Outlines auditing and accountability responsibilities of the States in the use of their allotments, and provides for evaluations of services and activities.

(e) Establishes criminal penalties for false statements in connection with payments from the allotments.

(f) Authorizes $100 million for FY88 for these activities.

(7) NATIONAL RESEARCH PROGRAM ON AIDS

(a) Establishes the National Research Program on AIDS in the National Institute of Allergy and Infectious Diseases (NIAID). The Program expands and accelerates efforts to find a vaccine and cure by coordinating basic and clinical research on AIDS and through demonstration, education, and other programs for health professionals. Provides for projects to promote cooperation between Federal, State, local, and private agencies in research on the diagnosis, prevention, and treatment of AIDS.

(b) Provides special authorities to combat AIDS to the Director of NIAID equivalent to those of the National Cancer Institute Director. These include authorities concering funding allocation, clinical trials, drug development, foreign research support, training programs, industrial research, facilities operation, and contracting authority.

(c) Creates an AIDS Advisory Board of seven members, including four scientists and three members of the general public. Its duties are to evaluate and make recommendations on the implementation of the Program, and to maintain liaison with other advisory bodies to Federal agencies involved with AIDS. The Advisory Board will terminate on September 30, 1992.

(d) Provides support for national AIDS research centers to carry on research, clinical training, continuing education, and public information programs.

(e) Provides for the position of an Associate Director for Prevention to coordinate and promote the Institute's programs for the prevention of infectious diseases, including AIDS.

(f) Provides for a virus and serum bank in which all human immuno-deficiency virus serotypes and serum are available to qualified investigators and organizations.

(g) Provides for National Research Service Awards for the training of individuals to participate in national research efforts on AIDS.

(h) Expands National Institute on Drug Abuse research and demonstration programs to reduce transmission of infection among intravenous drug users. Sets aside $25 million for such projects beginning with FY88.

II. Background and Need for Legislation

Acquired Immunodeficiency Syndrome (AIDS) is considered by many medical experts to be the gravest public health threat of this century. As of July 6, 1987, an estimated 38,160 Americans have been identified as having AIDS, and 21,915 of these individuals are known to have died of complications associated with this new disease. The actual number of AIDS cases in the U.S. is higher, perhaps much higher, than the official CDC statistics. CDC estimates that 20% of AIDS cases are not being reported. In addition, not all cases reported to CDC meet its strict definition of AIDS, and therefore are not counted in CDC AIDS statistics.

The Public Health Service (PHS) predicts that by the end of 1991, the total number of AIDS cases in this country will reach 270,000, and the cumulative number of deaths is projected at 179,000. By 1991, AIDS will be one of the top 10 causes of death in the U.S. CDC estimates that between 1 and 1.5 million Americans are infected with the virus that causes AIDS. Officials believe that in 1991 this figure may be as high as 5 million. The risk of developing this generally fatal disease increases with each year that passes following infection. It is thought that at least 30 to 50 percent of those exposed to the virus will develop AIDS within 5 to 10 years. However, a study by West German scientists indicated that 75 percent of infected individuals will die of AIDS within 7 years.

The first cases of AIDS in the U.S. were diagnosed in male homosexuals by health officials during the summer of 1981. Subsequent investigation identified U.S. cases which met the CDC definition of AIDS and were under medical care as early as 1975. AIDS continues to strike mainly male homosexuals (66% of AIDS cases) and intravenous drug abusers (17%). An additional 8% of AIDS cases are both homosexual men and IV drug abusers. AIDS has also been reported in recipients of blood transfusions (2% of AIDS cases), hemophiliacs (1%), and in heterosexuals (4%). For approximately 3% of reported cases, CDC has not yet determined how the patient acquired the disease.

AIDS cases have been reported to CDC from all 50 States, the District of Columbia, and four territories. Although the majority of AIDS cases were reported to be residents of New York and California, AIDS is gradually moving into the smaller cities and rural areas. CDC predicts that within 5 years, 80% of all AIDS cases will be found outside New York and California.

In the six years since AIDS was identified, the Public Health Service has spent a total of over $932 million for research and education on the disease. Congress first appropriated money specifically for AIDS in FY83, and the Administration first included AIDS funding in its budget request in FY84. In all this time, there has been no specific legislative authority for most of the PHS efforts on AIDS. All congressional direction for the level of research effort and the focus of agency priorities has been set through the appropriations process only.

This situation has persisted until now for several reasons. Primary among them has been the emergency nature of the need. The disease and awareness of its potentially massive new demands arose suddenly. Congress has recognized the necessity for an influx of money into basic research on immunology, virology, and related fields, and for expansion of Federal funding for AIDS prevention through education and information activities. To this end, Congress has provided, through appropriations to the various agencies of the Public Health Service, $29 million in FY83, $61 million in FY84, $109 million in FY85, $234 million in FY86, and $494 million in FY87.

As with any emergency, however, there has been considerable confusion regarding the best way to approach the long-term problem. In particular, many legislators have great concerns about the highly sensitive nature of some of the issues involved. Many policymakers have seen wisdom in letting the scientific and medical experts take the lead as the scope of the epidemic unfolded. "Quick fixes" that might have been proposed through the legislative process have been recognized as ill-advised and premature.

We have reached a point now where a comprehensive plan for action is needed. During Senate floor debate over the recent supplemental appropriations bill, it was pointed out that appropriations bills should not be the vehicle for making national policy with respect to AIDS. Members agreed that it was time for the authorizing committees to play their proper role.

The AIDS epidemic is already creating a great demand for resources, and it is clear that the needs will rise exponentially in the near future. Although appropriations for research and education

have approximately doubled each year since FY83, many other types of expenses, especially for health care, are looming on the horizon. The National Academy of Sciences made dramatic predictions in its September 1986 report about the kinds of resources that would be needed to cope properly with the epidemic. In particular, the Academy reported that PHS has estimated that the direct cost of care for the 174,000 AIDS patients projected to be alive during the year 1991 will be $8 billion to $16 billion in that year alone. In the face of this great demand for resources, it was clear that specific legislative authority is appropriate and necessary.

This legislation responds to a number of specific needs which have yet to be addressed in a comprehensive manner. One need that has arisen in many communities is that of training for health workers, health providers, and public safety and emergency workers in how to handle and approach people who are sick or who may potentially be sick with AIDS. There is a great deal of fear among such workers about their potential for exposure to the AIDS virus, but fear does not necessarily produce appropriate behavior. Specific and accurate instruction is needed. The bill provides for rapid development and implementation by CDC of an emergency program to inform all health and public safety workers in the U.S. about the need for strict adherence to CDC's infection control procedures.

The bill provides for an expanded and accelerated effort on AIDS research by establishing a National Research Program on AIDS in the National Institutes of Health. Many researchers around the country have pointed out that the total number of researchers and eminent research institutions involved in AIDS research is small. There has been the feeling that more of our best institutions need to be involved, and that we need to move more quickly in the research effort. In addition, some scientists have called for regional centers so that it would be possible to intensify resource investments in certain institutions. The bill provides support for national AIDS research centers to carry on research, clinical training, continuing education, and public information programs.

In the absence of drugs or vaccines against AIDS, the most effective tool we have to limit the spread of the virus is education of everyone at risk. Despite increased spending in the area of AIDS prevention and education for risk reduction, the existing activities have been seen as woefully inadequate by many. Many comparisons have been drawn to the approach taken in Great Britain, where a centrally planned and coordinated nationwide effort involving all the major media and the full power of the Government sought to have every citizen of the country become knowledgeable with some basic facts with which to protect themselves as quickly as possible. There has been specific concern about the lack of targeted effort at some of the communities most at risk for transmission of the AIDS virus, especially the young minority and IV drug using population. In testimony before the Labor and Human Resources Committee in its AIDS hearings last year and this year, both Harvey Fineberg, Dean of the Harvard School of Public Health, and Sheldon Wolff, cochair of the AIDS Panel of the National Academy of Sciences, made clear the necessity of reaching the highest risk groups by whatever means will catch their attention. Fineberg in particular called for the use of broadcast advertis-

ing on the scale used by corporations seeking to launch a new commercial product. There have also been criticisms of the Centers for Disease Control because of an inability to pursue this agenda aggressively.

As the number of AIDS patients mounts, the financial impact of their care will be felt increasingly at all levels of the health care system. There is a tremendous range in what it costs in different cities around the country to care for people who are ill with AIDS. Though a variety of factors account for these differences, one important factor is the availability of home and community-based social and medical support services. It has been shown that cities like San Francisco with extensive services of this type have been able to achieve much greater cost effectiveness with the funds spent on health services for those with AIDS than have cities without a network of home and community-based services.

Some attempt was made through the appropriations process to support demonstration projects that would assist other cities in planning networks of such services. However, only four cities were eligible for the resources and then only when the activities were defined as demonstration projects. Health planners around the country have urged much greater availability and funding for home and community-based services in all areas where AIDS patients are cared for.

In addition to combatting the AIDS epidemic within our own country, the United States plays a key role in international efforts against the disease. Late last year, the Director General of the World Health Organization announced the potential for a global "disaster of pandemic proportion" because of widespread dissemination of the AIDS virus and the expected continued spread of the disease. WHO announced an international program on AIDS which involved spending about $1 billion by 1990. This year (1987) they hoped to spend $200 million. However at the time of the announcement, the actual resources at their disposal were about $2 million and three people.

Because of political disputes surrounding the United Nations, the U.S. has not contributed its assessed share to WHO in the past year. There has been great concern about the mechanism through which the U.S. would contribute to this obvious area of international need. Authorizing legislation could serve the purpose of lending urgency to the appropriations decision, and might facilitate the allotment of international funds through other mechanisms. As Dr. Jonathan Mann, Director of the WHO Special Programme on AIDS, has said, "Global mobilization is required because we cannot stop AIDS anywhere until we stop AIDS everywhere."

III. Text of Bill as Reported

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, ~~That this Act may be cited as the "Acquired Immunodeficiency Syndrome Education, Information, Risk Reduction, Training, Prevention, Treatment, Care, and Research Act of 1987".~~

IMPROVED EDUCATION, INFORMATION, RISK REDUCTION, TRAINING, CARE, AND TREATMENT

SEC. 2. The Public Health Service Act is amended by adding at the end thereof the following new title:

"TITLE XXIV—ACQUIRED IMMUNODEFICIENCY SYNDROME

"PART A—EDUCATION, INFORMATION, RISK REDUCTION, AND TRAINING

"NATIONAL EDUCATION ACTIVITIES

"SEC. 2401. (a) The Secretary, through the Director of the Centers for Disease Control, shall prepare and transmit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives a comprehensive national plan for education, information, and risk reduction activities concerning acquired immunodeficiency syndrome (hereafter in this section referred to as the 'plan'). Activities carried out under the plan shall be designed to disseminate as rapidly as possible to the population of the United States vital information concerning the prevention of infection with the acquired immunodeficiency syndrome virus. The plan shall—

"(1) describe a schedule for, methods of, specific activities for, and a budget for, the dissemination of information and the provision of education concerning acquired immunodeficiency syndrome, including education and information directed towards the general public, children attending school and college, individuals at high risk of contracting acquired immunodeficiency syndrome, individuals who are infected with the acquired immunodeficiency syndrome virus, health care workers, employers, State and local officials, and officials and employees of elementary and secondary schools and institutions of higher education;

"(2) provide for the dissemination of such education and information through the use of the print and broadcast media (including paid advertising), educational meetings and conferences, and other appropriate means; and

"(3) provide for the conduct of evaluations to determine the efficacy of activities conducted under the plan to provide such education and disseminate such information.

"(b) Within twelve months after the date on which the plan is transmitted under subsection (a), and every twelve months thereafter, the Secretary shall transmit to the committees specified in such subsection such revisions of the plan as the Secretary considers appropriate, the results of evaluations conducted under paragraph (3) of such subsection during the immediately preceding six-month period, and progress reports on activities conducted to carry out the plan.

"(c) The provisions of this section shall cease to be in effect on and after the date which is ten years after the date on which the plan required by subsection (a) is transmitted by the Secretary to the committees specified in such subsection.

"STATE EDUCATION, INFORMATION, AND RISK REDUCTION PLANS

"SEC. 2402. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to States for the purpose of supporting the development, implementation, or expansion of State plans for education, information, risk reduction, and other activities relating to acquired immunodeficiency syndrome.

"(b) In order to receive a grant under this section, a State shall submit an application to the Secretary. Each such application shall be submitted in such form and at such time as the Secretary may by regulation prescribe, and shall contain—

"(1) assurances that activities under the State plan developed, implemented, or expanded with a grant under this section will be directed toward education, information, and risk reduction that is targeted to individuals who are at the highest risk of becoming infected with the acquired immunodeficiency syndrome virus (including minority individuals, young adults, women of reproductive age, homosexual and bisexual males, and intravenous drug abusers) as well as toward education, information, and risk reduction for the general public;

"(2) assurances that, under the State plan developed, implemented, or expanded with a grant under this section, education, information, and risk reduction activities—

"(A) will be conducted for and directed towards all personnel who provide health care services; and

"(B) will be carried out through appropriate relationships with public health officials or through collaboration with health professions schools; and

"(3) such other information as the Secretary may by regulation prescribe.

"(c) The Secretary shall provide technical assistance to States in carrying out this section.

"COMMUNITY EDUCATION, INFORMATION, AND RISK REDUCTION PROGRAMS

"SEC. 2403. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to local governments and public and private nonprofit entities (including community based organizations) for the development, establishment, or expansion of programs for the conduct of targeted education, information, and risk reduction activities relating to acquired immunodeficiency syndrome. In making grants under this section, the Secretary shall give priority to programs and activities directed toward minority individuals, young adults, homosexual and bisexual males, intravenous drug abusers, secondary school students in communities in which there is a high risk of infection with the acquired immunodeficiency virus, and other individuals at highest risk of becoming infected with such virus.

"(b) No grant may be made to support a program under this section unless an application therefor is submitted to the Secretary in such form and at such time as the Secretary may by regulation prescribe. Each such application shall contain—

"(1) information demonstrating that the entity applying for the grant has identified needs for the conduct of education, information, and risk reduction activities relating to acquired immunodeficiency syndrome in the area in which the program will be developed, established, or expanded;

"(2) assurances that such entity will provide education and information concerning acquired immunodeficiency syndrome under the program in a manner which is medically accurate and factually correct;

"(3) assurances that any educational or informational materials developed with a grant under this section shall be of a content, and shall be presented in such a manner, which is specifically directed to the group for which such materials are intended;

"(4) a description of the manner in which such entity has planned the program in consultation with, and of the manner in which such entity will consult during the conduct of the program with—

"(A) appropriate local officials and community groups for the area to be served by the program;

"(B) groups representing individuals who are at high risk of contracting acquired immunodeficiency syndrome; or

"(C) individuals having expertise in health education,

in order to ensure that activities conducted under the program will be directed appropriately at the individuals needing such education, information, and risk reduction;

"(5) information demonstrating, in the case of an entity which is a community based organization, that—

"(A) the organization has continuing relationships with the portion of the population in the area to be served by such organization who is at risk of contracting acquired immunodeficiency syndrome; and

"(B) the organization has established relationships with public and private entities in such area which provide services to individuals with acquired immunodeficiency syndrome;

"(6) a description of—

"(A) the objectives established by the entity for the conduct of the program; and

"(B) the methods the entity will use to evaluate the activities conducted under the program to determine if such objectives are met; and

"(7) such other information as the Secretary may by regulation prescribe.

"(c) In making grants under this section to support programs described in subsection (a), the Secretary shall give preference to community based organizations which are located in, have a history of service in, and will serve under the program, areas—

"(1) which have a significant incidence of acquired immunodeficiency syndrome;

"(2) in which there has been a significant increase in the incidence of acquired immunodeficiency syndrome; or

"(3) in which there is a significant risk of contracting acquired immunodeficiency syndrome,

as determined by the Secretary by regulation.

"(d) The Secretary may review the content of any educational or informational materials developed with a grant under this section only for scientific and factual validity.

"FELLOWSHIPS

"SEC. 2404. (a) The Secretary, through the Director of the Centers for Disease Control, shall establish a program of fellowships at the Centers for Disease Control for the training of individuals to develop skills in epidemiology, surveillance, testing, counseling, education, information, laboratory analysis, and risk reduction relating to acquired immunodeficiency syndrome. The program shall be designed to enable individuals trained under the program to work, after receiving such training, in national and international efforts to combat acquired immunodeficiency syndrome.

"(b) Any individual receiving a fellowship under subsection (a) shall not be counted in determining the number of full time equivalent employees of the De-

partment of Health and Human Services for the purpose of any limitation on the number of such employees established by law prior to, on, or after the date of enactment of this title.

"SUPPORT OF INTERNATIONAL EFFORTS

"SEC. 2405. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to international organizations concerned with public health to support—

"(1) programs of education, information, and risk reduction relating to acquired immunodeficiency syndrome;

"(2) projects to train individuals to develop skills and technical expertise for use in combatting acquired immunodeficiency syndrome; and

"(3) epidemiological research relating to acquired immunodeficiency syndrome.

"(b) The Secretary shall inform the Secretary of State and the Administrator of the Agency for International Development of each grant made under this section.

"(c) No grant may be made under this section unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information as the Secretary may by regulation prescribe.

"(d) Not less than 50 percent of the amounts available to carry out this section for any fiscal year shall be used for grants through the World Health Organization and, in the case of activities in the Western Hemisphere, grants through the Pan American Health Organization. Grants made under this subsection shall be in furtherance of the global strategy of the World Health Organization Special Programme on Acquired Immunodeficiency Syndrome.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 2406. (a) To carry out this part (other than section 2405), there are authorized to be appropriated $350,000,000 for each of the fiscal years 1988, 1989, and 1990.

"(b) To carry out section 2405, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1988, 1989, and 1990.

"PART B—CARE AND TREATMENT

"NETWORKS FOR CARE AND TREATMENT

"SEC. 2411. (a)(1) The Secretary may make grants to public and nonprofit private entities for the development, establishment, or expansion in a service area of networks of comprehensive medical services for individuals who have acquired immunodeficiency syndrome or who are infected with the acquired immunodeficiency syndrome virus. Networks developed, established, or expanded with grants under this section shall provide in a service area, or shall provide referrals in a service area to, comprehensive services for such individuals, including—

"(A) comprehensive ambulatory care services in such area which—

"(i) are specifically directed toward such individuals;

"(ii) will result in the improved diagnosis and treatment of such individuals and in reduced utilization of inpatient hospital services by such individuals;

"(iii) are provided by multidisciplinary teams of health care professionals who have training in the care and treatment of such individuals; and

"(iv) are provided in facilities in such service area which are located at, which have access to, or which are able to make referrals to, medical centers involved in clinical research concerning the cause or treatment of infection with the acquired immunodeficiency syndrome virus;

"(B) services of individual physicians who practice in such area and who have relationships with academic medical centers;

"(C) medical and support services for such individuals which are provided in the homes of such individuals, including home health care services and practical assistance provided by paid personnel or volunteers;

"(D) long-term care and hospice services for such individuals, including services provided by intermediate care facilities and skilled nursing facilities;

"(E) mental health, counseling, and psychosocial support services for such individuals; and

"(F) case management services for such individuals which are provided by paid social workers or volunteers in order to enable such individuals to obtain the full range of services available to such individuals.

"(2) Networks developed, established, or expanded with grants under this section shall provide continuing education for health care personnel involved in the delivery of services to individuals infected with the acquired immunodeficiency syndrome virus.

"(b)(1) A grant made under this section may be used for—

"(A) the training of volunteers and salaried personnel;

"(B) the management of the network developed, established, or expanded with such grant; and

"(C) the provision of, or the support of the provision of, the services described in subsection (a).

"(2) A grant made under this section shall not be used for—

"(A) the construction or major renovation of facilities;

"(B) the payment or reduction of deficits of an entity which resulted from obligations which were incurred by the entity prior to the date on which the entity receives payment under a grant under this section; and

"(C) the reduction of any amount which is payable to the entity by a third party as reimbursement for services provided by the entity through the network established under this section.

"(c) No grant may be made under this section unless an application therefor is submitted to the Secretary in such form and at such time as the Secretary may by regulation prescribe. Each such application shall contain—

"(1) a description of a strategy developed by the entity applying for the grant to serve, through the network to be developed, established, or expanded with such grant, as many individuals as possible who are infected with the acquired immunodeficiency syndrome virus and who reside in the service area to be served by the network;

"(2) assurances that such network will provide, or will provide referrals to, the services described in subsection (a), and a description of the services that will be available through the network;

"(3) a description of—

"(A) the manner in which the entity applying for the grant has involved the network advisory committee required under subsection (d) in the development of the network; and

"(B) the manner in which such entity will involve such committee in the implementation of the project;

"(4) evidence that the network advisory committee required under subsection (d) has endorsed the application of such entity under this section; and

"(5) such other information as the Secretary may by regulation prescribe.

"(d)(1) Each entity applying for a grant under this section shall, prior to applying for such grant, establish a network advisory committee to—

"(A) assist such entity in the development of an application for a grant under this section and in the development, establishment, or expansion of a network in accordance with this section;

"(B) provide support for the development, establishment, or expansion of such network; and

"(C) monitor the implementation of, and the services provided through, such network.

"(2) Each network advisory committee established under this subsection shall include—

"(A) health care professionals who practice or reside in the service area to be served by the network;

"(B) representatives of health care institutions located in such service area;

"(C) representatives of major voluntary organizations which conduct activities or provide services in such service area;

"(D) representatives of religious organizations located in such service area;

"(E) representatives of State and local governmental agencies for such service area which are concerned with problems relating to acquired immunodeficiency syndrome; and

"(F) individuals who reside in such service area and who—

"(i) have acquired immunodeficiency syndrome;

"(ii) have acquired immunodeficiency syndrome related illnesses; or

"(iii) are infected with the acquired immunodeficiency syndrome virus.

"(e) In making grants under this section, the Secretary shall give priority to—

"(1) any applicant which demonstrates a strong record in managing projects which provide a wide variety of health services; and

"(2) any applicant which—

"(A) demonstrates the ability to provide services to the largest number of individuals residing in the service area of the network proposed to be developed, established, or expanded with a grant under this section; and

"(B) has the potential to serve the largest number of individuals who are infected with the acquired immunodeficiency syndrome virus and who reside in such service area (including homosexual and bisexual males and intravenous drug users).

"(f) The Secretary shall make at least one grant under this section for each fiscal year in each service area in which there is a high incidence of children who are infected with the acquired immunodeficiency syndrome virus (as determined by the Secretary by regulation). For each such service area, such grant shall be made to the applicant which the Secretary determines has the ability to develop, establish, or expand a network with a grant under this section which will make available for such children the comprehensive services described in subsection (a).

"(g) For purposes of this section—

"(1) the term 'nonprofit private entity' means an organization which is exempt from taxation under section 501(c)(3) of the Internal Revenue Code of 1986 (other than a private foundation as defined in section 509(a) of such Code); and

"(2) the term 'service area' means—

"(A) a metropolitan area in the United States with a high incidence of acquired immunodeficiency syndrome (as determined by the Secretary by regulation); or

"(B) an area located in a metropolitan area described in subparagraph (A) for which an entity proposes, in an application submitted under subsection (c), to develop, establish, or expand a network with a grant under this section.

"INNOVATIVE SERVICE DELIVERY MODELS

"SEC. 2412. (a) The Secretary shall make grants to public and nonprofit private entities for projects to demonstrate innovative models for the cost-effective delivery of health services (including home health services, day care services, and services provided by consortiums of community physicians) to individuals with acquired immunodeficiency syndrome. Each project supported with a grant under this section shall provide for the delivery of health services to such individuals in conjunction with a network developed, established, or expanded with a grant under section 2411.

"(b) No grant may be made under this section unless an application therefor is submitted to the Secretary in such form and at such time as the Secretary may by regulation prescribe. Each such application shall contain—

"(1) a description of the manner in which the applicant will provide health services under the grant in conjunction with a network developed, established, or expanded under section 2411; and

"(2) such other information as the Secretary may by regulation prescribe.

"(c) To carry out this section and section 2411, there are authorized to be appropriated $75,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

"COUNSELING

"SEC. 2413. (a) The Secretary, through the Director of the National Institute of Mental Health, shall make grants to public and private nonprofit entities for the development, establishment, or expansion of programs to—

"(1) provide long-term counseling to individuals who have acquired immunodeficiency syndrome or who have tested positively for the presence of antibodies to the acquired immunodeficiency syndrome virus, including mental health counseling and counseling concerning medical, legal, and social matters relating to exposure to such virus and relating to acquired immunodeficiency syndrome; and

"(2) conduct evaluations of the effectiveness of the types of counseling described in paragraph (1).

"(b) Grants made under this section may be used for—

"(1) the training of individuals to provide the counseling described in subsection (a); and

"(2) the payment of any expenses necessary for the provision of such counseling.

"(c) No grant may be made to support a program under this section unless an application therefor is submitted to the Secretary in such form and at such

time as the Secretary may by regulation prescribe. Each such application shall contain—

"(1) information demonstrating that the entity applying for the grant has identified needs for the provision, in the area in which the program will be developed, established, or expanded, of counseling for individuals who have acquired immunodeficiency syndrome or who are infected with the acquired immunodeficiency syndrome virus;

"(2) assurances that such entity will provide such counseling under the program in a manner which is medically accurate and factually correct;

"(3) a description of—

"(A) the objectives established by the entity for the conduct of the program; and

"(B) the methods the entity will use to evaluate the activities conducted under the program to determine if such objectives are met; and

"(4) such other information as the Secretary may by regulation prescribe.

"(d) In making grants under this section, the Secretary shall give priority to entities which are based at, or which have relationships with, entities providing comprehensive health services to individuals who have acquired immunodeficiency syndrome or individuals who are infected with the acquired immunodeficiency syndrome virus.

"(e) To carry out this section, there are authorized to be appropriated $25,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

"PART C—MISCELLANEOUS

"REDUCING THE TRANSMISSION OF ACQUIRED IMMUNODEFICIENCY SYNDROME AMONG INTRAVENOUS DRUG ABUSERS

"SEC. 2421. (a) The Secretary, through the Director of the National Institute on Drug Abuse, shall make grants to public and nonprofit private entities to support the study of, and projects for the demonstration of, effective methods to—

"(A) reduce the transmission of the acquired immunodeficiency syndrome virus among intravenous drug abusers; and

"(B) provide treatment to intravenous drug abusers who have acquired immunodeficiency syndrome or who are infected with the acquired immunodeficiency syndrome virus.

"(b) No grant may be made under this section unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information as the Secretary may by regulation prescribe.

"(c) To carry out this section, there are authorized to be appropriated $100,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.".

IMPROVING THE CAPABILITY OF THE NATIONAL INSTITUTES OF HEALTH TO COMBAT ACQUIRED IMMUNODEFICIENCY SYNDROME

SEC. 3. (a) Part B of title IV of the Public Health Service Act is amended by redesignating section 408 as section 409B and by inserting after section 407 the following new sections:

"NATIONAL PROGRAM ON ACQUIRED IMMUNODEFICIENCY SYNDROME

"SEC. 408. (a) There shall be the National Program on Acquired Immunodeficiency Syndrome (hereafter in this part referred to as the 'Program'), which shall consist of—

"(1) an expanded, intensified, and coordinated research program on acquired immunodeficiency syndrome conducted and supported by the national research institutes, including an expanded and intensified research program relating to the prevention of acquired immunodeficiency syndrome; and

"(2) demonstration, education, and other programs for the detection, diagnosis, prevention, and treatment of acquired immunodeficiency syndrome and for the provision of counseling concerning acquired immunodeficiency syndrome.

"(b) The Director of NIH shall designate one of the Directors of the national research institutes as the Acquired Immunodeficiency Syndrome Coordinator (hereafter in this part referred to as the 'AIDS Coordinator'). The AIDS Coordinator shall be responsible for the administration of the Program.

"(c) Within 90 days after the date of enactment of this section, the AIDS Coordinator shall develop and implement a plan for the National Institutes of Health to expedite the award of grants, contracts, or cooperative agreement by any agency of the National Institutes of Health for projects relating to acquired immunodeficiency syndrome (including projects initiated by investigators not in response to any solicitation for proposals). The plan shall provide that, in the case of any application for a grant, contract, or cooperative agreement which is made in response to a solicitation for proposals—

"(1) such grant, contract, or cooperative agreement shall be awarded; or

"(2) such application shall be disapproved, within 6 months after the date on which such solicitation is issued.

"(d) To carry out the Program, the AIDS Coordinator, in conjunction with the Directors of the national research institutes and in consultation with the National Acquired Immunodeficiency Syndrome Advisory Board, shall establish projects to promote cooperation between Federal agencies, State, local, and regional public health agencies, and nonprofit private agencies, in the diagnosis, prevention, and treatment of acquired immunodeficiency syndrome.

"(e) In carrying out the Program, the AIDS Coordinator shall—

"(1) coordinate activities under the Program with other activities relating to acquired immunodeficiency syndrome conducted by the national research institutes; and

"(2) give special emphasis to the continued development of activities relating to the cause of acquired immunodeficiency syndrome and to the coordination of such activities with related activities conducted by the national research institutes.

"(f) Within 60 days after the close of each fiscal year, the AIDS Coordinator shall prepare and transmit to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives a report—

"(1) describing and evaluating the progress made in such fiscal year in research, treatment, education, and training with respect to acquired immunodeficiency syndrome conducted or supported by the National Institutes of Health;

"(2) summarizing and analyzing expenditures made in such fiscal year for activities respecting acquired immunodeficiency syndrome conducted or supported by the National Institutes of Health; and

"(3) containing such recommendations as the AIDS Coordinator considers appropriate.

"SPECIAL AUTHORITIES OF THE AIDS COORDINATOR

"SEC. 409. In carrying out the Program, the AIDS Coordinator—

"(1) shall expand clinical trials of treatments and therapies for acquired immunodeficiency syndrome and infection with the acquired immunodeficiency syndrome virus;

"(2) may establish or support the large-scale production or distribution of specialized biological materials and other therapeutic substances for research relating to acquired immunodeficiency syndrome and set standards of safety and care for persons using such materials;

"(3) may, in consultation with the National Acquired Immunodeficiency Advisory Board, support (A) research relating to acquired immunodeficiency syndrome outside the United States by highly qualified foreign nationals which can be expected to benefit the American people, (B) collaborative research involving American and foreign participants, and (C) the training of American scientists abroad and foreign scientists in the United States;

"(4) may, in consultation with the National Acquired Immunodeficiency Advisory Board, support appropriate programs of education and training (including continuing education and laboratory and clinical research training);

"(5) may—

"(A) encourage and coordinate research relating to acquired immunodeficiency syndrome by industrial concerns where such concerns evidence a particular capability for such research; and

"(B) provide for the exchange of information between Federal agencies and private entities involved in the development and production of, and research concerning, therapies and vaccines for acquired immunodeficiency syndrome;

"(6)(A) may, in consultation with the National Acquired Immunodeficiency Advisory Board, acquire, improve, repair, operate, and maintain laboratories, other research facilities, equipment, and such other real or personal property as the AIDS Coordinator determines necessary;

"(B) may, in consultation with the National Acquired Immunodeficiency Advisory Board, make grants for the renovation of facilities; and

"(C) may, in consultation with the National Acquired Immunodeficiency Advisory Board, acquire by lease space in buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Program for a period not to exceed ten years;

"(7) subject to section 405(b)(2) and without regard to section 3324 of title 31, United States Code, and section 3709 of the Revised Statutes (41 U.S.C. 5), may enter into such contracts and cooperative agreements with any public agency, or with any person, firm, association, corporation, or educational institution, as may be necessary to expedite and coordinate research relating to acquired immunodeficiency syndrome; and

"(8) may maintain and operate the International Acquired Immunodeficiency Syndrome Research Data Bank, which shall collect, catalog, store, and disseminate insofar as feasible through the use of information systems accessible to the public, general practitioners, and investigators, the results of research relating to, and treatment of, acquired immunodeficiency syndrome which is undertaken in any country in order to permit the use of

such results by any person involved in research relating to, and treatment of, acquired immunodeficiency syndrome in any country.

"NATIONAL ACQUIRED IMMUNODEFICIENCY SYNDROME ADVISORY BOARD

"SEC. 409A. (a) The Secretary, in consultation with the AIDS Coordinator, shall establish in the National Institutes of Health a National Acquired Immunodeficiency Syndrome Advisory Board (hereafter in this section referred to as the 'Advisory Board').

"(b) The Advisory Board shall be composed of seven appointed members and nonvoting ex officio members as follows:

"(1) In consultation with the AIDS Coordinator, the Secretary shall appoint—

"(A) four members from individuals who are scientists, physicians, and other health professionals, who are not officers or employees of the United States, and who represent the specialties and disciplines relevant to acquired immunodeficiency syndrome; and

"(B) three members from the general public who are knowledgeable with respect to acquired immunodeficiency syndrome, including at least one member who is an individual who is infected with the human immunodeficiency syndrome virus.

Of the members appointed under this paragraph, at least three shall by virtue of training or experience be knowledgeable in the fields of health education, nursing, data systems, public information, and community program development. In making appointments under this paragraph, the Secretary shall request recommendations from the Institute of Medicine of the National Academy of Sciences.

"(2) The following shall be ex officio members of the Advisory Board:

"(A) The Surgeon General, the Director of NIH, the AIDS Coordinator of Public Health Service, the AIDS Coordinator of the National Institutes of Health, the Director of the AIDS Program of the Centers for Disease Control, and the Director of the Health Care Financing Administration (or the designees of such officers).

"(B) Such other officers and employees of the United States as the Secretary determines necessary for the Advisory Board to carry out its functions.

"(c) Members of an Advisory Board who are officers or employees of the Federal Government shall serve as members of the Advisory Board without compensation in addition to that received in their regular public employment. Other members of the Advisory Board shall receive compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule for each day (including traveltime) they are engaged in the performance of their duties as members of the Advisory Board.

"(d) The term of office of an appointed member of the Advisory Board is four years, except that no term of office may extend beyond the expiration of the Advisory Board. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office. If a vacancy occurs in the Advisory Board, the Secretary shall make an appointment to fill the vacancy not later than 90 days from the date the vacancy occurred.

"(e) The AIDS Coordinator of the National Institutes of Health shall be the chairman of the Advisory Board.

"(f) The Secretary shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with an ex-

ecutive director and one other professional staff member. In addition, the Secretary shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with such additional professional staff members, such clerical staff members, such services of consultants, such information, and (through contracts or other arrangements) such administrative support services and facilities, as the Secretary determines are necessary for the Advisory Board to carry out its functions.

"(g) The Advisory Board shall meet at the call of the chairman, but not less often than four times a year.

"(h) The Advisory Board shall—

"(1) review and evaluate the implementation of the Program;

"(2) for the purpose of assuring the most effective use and organization of resources respecting acquired immunodeficiency syndrome, advise and make recommendations to the Congress, the Secretary, the Director of NIH, the AIDS Coordinator, and the heads of other appropriate Federal agencies for the implementation and revision of the Program; and

"(3) maintain liaison with other advisory bodies related to Federal agencies involved in the implementation of the Program and with key non-Federal entities involved in activities affecting the control of acquired immunodeficiency syndrome.

"(i) In carrying out its functions, the Advisory Board may establish subcommittees, convene workshops and conferences, and collect data. Such subcommittees may be composed of Advisory Board members and nonmember consultants with expertise in the particular area addressed by such subcommittees. The subcommittees may hold such meetings as are necessary to enable them to carry out their activities.

"(j) The Advisory Board shall prepare an annual report for the AIDS Coordinator which—

"(1) describes the Advisory Board's activities in the fiscal year for which the report is made; and

"(2) contains the Advisory Board's recommendations with respect to the Program.

"(k) The Advisory Board shall terminate on September 30, 1992.

"(l) The Secretary shall make appointments to the Advisory Board within 90 days after the date of enactment of this section.".

(b) Subpart 6 of part C of title IV of such Act is amended by adding at the end thereof the following new sections:

"NATIONAL ACQUIRED IMMUNODEFICIENCY SYNDROME RESEARCH CENTERS

"SEC. 447. (a)(1) The Director of the Institute may enter into cooperative agreements with and make grants to public or private nonprofit entities to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for, centers for basic and clinical research into, and training in, advanced diagnostic, prevention, and treatment methods for acquired immunodeficiency syndrome.

"(2) A cooperative agreement or grant under paragraph (1) shall be entered into in accordance with policies established by the Director of NIH and after consultation with the Institute's advisory council.

"(b) Federal payments made under a cooperative agreement or grant under subsection (a) may be used for—

"(1) the renovation or leasing of space;

"(2) staffing and other basic operating costs, including such patient care costs as are required for research;

"(3) clinical training, including training for allied health professionals, continuing education for health professionals and allied health professions personnel, and information programs for the public respecting acquired immunodeficiency syndrome; and

"(4) demonstration purposes.

As used in this subsection, the term 'training' does not include research training for which National Research Service Awards may be provided under section 487.

"(c) Support of a center under subsection (a) may be for a period of not to exceed five years. Such period may be extended by the Director for additional periods of not more than five years each if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

"ASSOCIATE DIRECTOR FOR PREVENTION

"SEC. 447A. (a) There shall be in the Institute an Associate Director for Prevention to coordinate and promote the programs in the Institute concerning the prevention of infectious diseases, including acquired immunodeficiency syndrome. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or experience are experts in public health or preventive medicine.

"(b) The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

"VIRUS AND SERUM BANK

"SEC. 447B. The Director of the Institute shall establish, or provide for the establishment of, a virus and serum bank in which all human immunodeficiency virus serotypes and serum are available to qualified investigators and organizations.".

(c) Section 446 of such Act is amended—

(1) by inserting "the cause, prevention, treatment, and care of individuals with" after "with respect to"; and

(2) by inserting before the period a comma and "including acquired immunodeficiency syndrome".

NATIONAL RESEARCH SERVICE AWARDS

SEC. 4. Section 487(a) of the Public Health Service Act is amended by adding at the end thereof the following new paragraph:

"(4) The Secretary, through the Director of the National Institute on Allergy and Infectious Diseases, shall make National Research Service Awards under subparagraphs (A)(ii), (A)(iv), and (B) of paragraph (1) for the training of individuals to participate in national research efforts relating to acquired immunodeficiency syndrome.".

RESPONSES TO REQUESTS FOR ALLOCATIONS OF FUNDS, SPACE, SERVICES, OR PERSONNEL TO BE USED IN COMBATTING ACQUIRED IMMUNODEFICIENCY SYNDROME

SEC. 5. (a) The Director of the Office of Management and Budget, the Director of the Office of Personnel Management, or the Administrator of General Services, as the case may be, shall respond to any priority request made by the

~~Acquired Immunodeficiency Syndrome Coordinator of the National Institutes of Health within 14 calendar days after the date on which such request is made.~~

~~(b) For purposes of subsection (a), the term "priority request" means any request designated as a priority request by the AIDS Coordinator of the National Institutes of Health and which—~~

~~(1) in the case of a request made to the Director of the Office of Management and Budget, is a request for the allocation of amounts appropriated and available to carry out activities relating to acquired immunodeficiency syndrome;~~

~~(2) in the case of a request made to the Director of the Office of Personnel Management, is a request for the allocation of personnel to carry out activities relating to such syndrome; and~~

~~(3) in the case of a request made to the Administrator of General Services, is a request for space or administrative or support services to be used in the carrying out of such activities.~~

That this Act may be cited as the "Acquired Immunodeficiency Syndrome Research and Information Act of 1987".

REFERENCE

SEC. 2. Except as otherwise specifically provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Health Service Act.

TITLE I—AIDS AS A NATIONAL PUBLIC HEALTH EMERGENCY

DECLARATION OF EMERGENCY

SEC. 101. (a) The Secretary of Health and Human Services is directed to determine that acquired immunodeficiency syndrome presents a public health emergency for purposes of section 319 of the Public Health Service Act.

(b) Section 319(a) is amended by inserting "the Administrator of Health Resources and Services," before "or the Director".

(c) Section 319(b) is amended by striking out "$30,000,000" the second place it appears in subsection (b)(1) and inserting in lieu thereof "$60,000,000".

REPORT BY THE SECRETARY OF HEALTH AND HUMAN SERVICES

SEC. 102. Within 60 days after the end of each fiscal year, the Secretary of Health and Human Services shall prepare and transmit to the Congress a report on the expenditure by the Department of Health and Human Services of amounts appropriated for such fiscal year for programs, projects, and activities relating to acquired immunodeficiency syndrome. Each such report shall include—

(1) a specification, for each office and agency of such Department, of the amount obligated for each such program, project, or activity for such fiscal year;

(2) a description of each such program, project, and activity;

(3) a summary of the progress made by each such program, project, or activity in combatting acquired immunodeficiency syndrome;

(4) a summary of the evaluations conducted under sections 2421 and 2440 of the Public Health Service Act; and

(5) the plan prepared by the Director of the Centers for Disease Control under section 2401 of such Act.

AIDS CLINICAL EVALUATION UNIT AT THE NATIONAL INSTITUTES OF HEALTH

SEC. 103. (a) The Director of the National Cancer Institute shall establish, in the Clinical Center at the National Institutes of Health, a clinical evaluation unit which—

(1) shall conduct clinical evaluations of experimental treatments for acquired immunodeficiency syndrome and related illnesses developed within the preclinical drug development program of the National Cancer Institute; and

(2) may conduct clinical evaluations of experimental treatments for such syndrome which are developed at any other national research institute of the National Institutes of Health or by any other individual or entity.

(b) The Director of the National Institutes of Health shall provide the clinical evaluation unit required under subsection (a) with such personnel and such administrative and support services as may be necessary to enable the unit to carry out its functions.

(c) The establishment of the clinical evaluation unit required under subsection (a) shall not result in the reduction of the number of beds or any support services under the auspices of the national research institutes of the National Institutes of Health which are available for the provision of clinical care for individuals with any disease or disorder.

ADDITIONAL PERSONNEL FOR THE FOOD AND DRUG ADMINISTRATION, THE NATIONAL INSTITUTES OF HEALTH, AND THE CENTERS FOR DISEASE CONTROL

SEC. 104. (a) Notwithstanding any other provision of law, the Secretary of Health and Human Services, through the Commissioner of Food and Drugs, may, in accordance with the civil service and classification laws, appoint and fix the compensation of not more than 40 employees for the Food and Drug Administration in addition to the number of employees assigned to such Administration.

(b) Notwithstanding any other provision of law, the Secretary of Health and Human Services, through the Director of the National Institutes of Health may, in accordance with the civil service and classification laws, appoint and fix the compensation of not more than 300 employees for the National Institutes of Health in addition to the number of employees assigned to such Institutes.

(c) Notwithstanding any other provision of law, the Secretary of Health and Human Services, through the Director of the Centers for Disease Control, may, in accordance with the civil service and classification laws, appoint and fix the compensation of not more than 350 employees for the Centers for Disease Control in addition to the number of employees assigned to such Centers.

(d) To carry out this section and section 103, there are authorized to be appropriated $100,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

EXPEDITING THE AWARD OF GRANTS, CONTRACTS, AND COOPERATIVE AGREEMENTS

SEC. 105. (a) Within 90 days after the date of enactment of this Act, the Secretary of Health and Human Services shall develop and implement a plan to expedite the award of grants, contracts, or cooperative agreements by any agency of the Department of Health and Human Services for projects relating to acquired immunodeficiency syndrome (including projects initiated by investigators not in response to any solicitation for proposals). Except as provided in subsection (b), the plan shall provide that, in the case of any application for a grant, contract, or cooperative agreement which is made in response to a solicitation for proposals—

(1) such grant, contract, or cooperative agreement shall be awarded; or

(2) such application shall otherwise be acted upon,

within 6 months after the date on which such solicitation is issued.

(b) The plan required under subsection (a) shall provide that, in any case in which the Secretary of Health and Human Services determines that a specific grant, contract, or cooperative agreement relating to acquired immunodeficiency syndrome cannot be awarded or otherwise acted upon in the 6-month period required by such subsection, the Secretary shall—

(1) cause to be included in the solicitation for such grant, contract, or cooperative agreement a statement specifying the time period in which such approval will be made or such action will be taken; and

(2) transmit a copy of such solicitation and statement to the Committee on Labor and Human Resources of the Senate and the Committee on Energy and Commerce of the House of Representatives.

RESPONSES TO REQUESTS FOR ALLOCATIONS OF SPACE, SERVICES, OR PERSONNEL TO BE USED IN COMBATTING ACQUIRED IMMUNODEFICIENCY SYNDROME

SEC. 106. (a) The Director of the Office of Personnel Management or the Administrator of General Services, as the case may be, shall respond to any priority request made by the Director of the National Institute of Allergy and Infectious Diseases or the Director of the Centers for Disease Control within 21 calendar days after the date on which such request is made. If the Director of the Office of Personnel Management or such Administrator does not disapprove any such request within such 21-day period, such request shall be deemed to have been approved.

(b)(1) The Director of the National Institute on Allergy and Infectious Diseases shall transmit a copy of each priority request made by such Director under this section to the Secretary of Health and Human Services, the Assistant Secretary of Health and Human Services for Health, and the Director of the National Institutes of Health on the day such priority request is made under subsection (a).

(2) The Director of the Centers for Disease Control shall transmit a copy of each priority request made by such Director under this section to the Secretary of Health and Human Services and the Assist-

ant Secretary of Health and Human Services for Health on the day such priority request is made under subsection (a).

(3) Any official described in paragraph (1) or (2) may, after receiving a copy of a priority request under such paragraph, transmit the comments and recommendations of such official with respect to such request to the Director of the Office of Personnel Management or the Administrator of General Services, as the case may be, within 7 days after the date on which such request is made.

(c) The Director of the Office of Management and Budget shall not take any action to prevent the Director of the National Institute of Allergy and Infectious Diseases or the Director of the Center for Disease Control from making any priority request under this section.

(d) For purposes of this section, the term "priority request" means any request which is designated as a priority request by the Director of the National Institute of Allergy and Infectious Diseases or the Director of the Centers for Disease Control in carrying out activities with respect to acquired immunodeficiency syndrome and which—

(1) in the case of a request made to the Director of the Office of Personnel Management, is a request for the allocation of personnel to carry out activities relating to such syndrome; and

(2) in the case of a request made to the Administrator of General Services, is a request for space or administrative or support services to be used in the carrying out of such activities.

TECHNICAL ASSISTANCE

SEC. 107. The Secretary of Health and Human Services, through the Public Health Service, shall provide technical assistance to State and local governments and public and nonprofit private entities carrying out programs, projects, and activities relating to acquired immunodeficiency syndrome. To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 1988, 1989, and 1990.

USE OF CONSORTIA FOR RESEARCH AND DEVELOPMENT

SEC. 108. The Secretary of Health and Human Services shall request the National Academy of Sciences and other similar appropriate nonprofit institutions to provide recommendations to the Secretary concerning—

(1) whether the research and development of vaccines and drugs for the prevention and treatment of acquired immunodeficiency syndrome would be enhanced by the creation of consortia of—

(A) businesses involved in such research and development;

(B) nonprofit research institutions; or

(C) combinations of such businesses and institutions,

designed to combine and share resources needed for such research and development; and

(2) the appropriate participation, if any, of the Federal Government in such consortia.

INFORMATION FOR HEALTH AND PUBLIC SAFETY WORKERS

SEC. 109. (a) Within 90 days after the date of enactment of this Act, the Secretary of Health and Human Services, through the Director of the Centers for Disease Control, shall develop and implement an emergency program to disseminate information to all health workers, public safety workers, and emergency service workers in the United States concerning methods to reduce in the workplace the risk of becoming infected with the human immunodeficiency virus. The information disseminated under this section shall be based on guidelines issued by the Directors of the Centers for Disease Control.

(b) The Director of the Centers for Disease Control shall transmit the guidelines issued under subsection (a) to the Secretary of Labor. The Secretary of Labor shall use such guidelines as the basis for a standard which such Secretary shall issue under the Occupational Safety and Health Act of 1970.

TITLE II—INTERNATIONAL EFFORTS

SUPPORT OF INTERNATIONAL EFFORTS

SEC. 201. (a) The Secretary of Health and Human Services, under section 307 of the Public Health Service Act and through the Director of the National Institutes of Health—

(1) shall make grants to, enter into contracts and cooperative agreements with, and provide technical assistance to, international organizations concerned with public health; and

(2) may provide technical assistance to foreign governments,

in order to promote and expedite international clinical research concerning the development of vaccines for, and treatment and testing with respect to, acquired immunodeficiency syndrome.

(b) The Secretary of Health and Human Services, under section 307 of the Public Health Service Act and through the Director of the Centers for Disease Control, shall make grants to, enter into contracts and cooperative agreements with, and provide technical assistance to, international organizations concerned with public health, and may provide technical assistance to foreign governments, in order to support—

(1) programs of education, information, and risk reduction relating to acquired immunodeficiency syndrome;

(2) projects to train individuals to develop skills and technical expertise for use in combatting acquired immunodeficicncy syndrome; and

(3) epidemiological research relating to acquired immunodeficiency syndrome.

(c) No grant may be made under this section unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information as the Secretary may by regulation prescribe.

(d) Not less than 50 percent of the amounts available to carry out subsection (b) for any fiscal year shall be used for grants through the World Health Organization and, in the case of activities in the Western Hemisphere, grants through the Pan American Health Organization. Grants made under this subsection shall be in further-

ance of the global strategy of the World Health Organization Special Programme on Acquired Immunodeficiency Syndrome.

(e) The authority of the Secretary of Health and Human Services to enter into contracts under this section shall be to such extent or in such amounts as are provided in appropriation Acts.

INTERNATIONAL DATA BANK

SEC. 202. (a) The Secretary of Health and Human Services, through the National Library of Medicine, shall establish, maintain, and operate the International Acquired Immunodeficiency Syndrome Research Data Bank (hereafter in this section referred to as the "Data Bank"). The Data Bank shall collect, catalog, store, and disseminate insofar as feasible through the use of information systems accessible to the public, general practitioners, and investigators, the results of research relating to, and the results of treatment of, acquired immunodeficiency syndrome which is undertaken in any country in order to permit the use of such results by any person involved in research relating to, and the treatment of, acquired immunodeficiency syndrome in any country.

(b) The Secretary of Health and Human Services shall establish a schedule of charges for users of the Data Bank from other countries for information obtained from the Data Bank.

AUTHORIZATION OF APPROPRIATIONS

SEC. 203. To carry out this title, there are authorized to be appropriated $50,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

TITLE III—PUBLIC INFORMATION EFFORTS

NATIONAL INFORMATION DISSEMINATION EFFORTS

SEC. 301. The Public Health Service Act is amended by adding at the end thereof the following new title:

"TITLE XXIV—ACQUIRED IMMUNODEFICIENCY SYNDROME

"PART A—NATIONAL INFORMATION PROGRAMS

"NATIONAL ACQUIRED IMMUNODEFICIENCY SYNDROME INFORMATION PROGRAM

"SEC. 2401. The Director of the Centers for Disease Control shall annually prepare a comprehensive plan, including a budget, for a National Acquired Immunodeficiency Syndrome Information Program. The plan shall contain provisions to implement the provisions of this part and provisions for such other activities as the Director considers necessary and appropriate to disseminate information concerning acquired immunodeficiency syndrome. The Director shall submit such plan to the Secretary. The authority of the Director to carry out such Program and plan is not the exclusive authority for the Director to carry out information activities with respect to acquired immunodeficiency syndrome.

"CLEARINGHOUSE

"SEC. 2402. The Secretary, through the Director of the Centers for Disease Control, shall establish a clearinghouse to make information concerning acquired immunodeficiency syndrome available to Federal agencies, States and political subdivisions of States, public agencies concerned with public health and education, public and private entities, organizations, and institutions, minority organizations, community-based organizations, and the general public. The clearinghouse shall—

"(1) develop and obtain educational materials, curricula, and methods directed towards reducing the transmission of the acquired immunodeficiency syndrome virus;

"(2) provide support for individuals who provide instruction in methods and techniques of education relating to the prevention of acquired immunodeficiency syndrome and in the use of the materials and curricula described in paragraph (1); and

"(3) conduct, or provide for the conduct of, evaluations of the materials, curricula, and methods described in paragraph (1) and the efficacy of such materials, curricula, and methods in preventing infection with the acquired immunodeficiency syndrome virus.

"GRANTS AND CONTRACTS FOR INFORMATION DISSEMINATION

"SEC. 2403. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to, and enter into contracts with, national organizations having the ability to rapidly disseminate information concerning acquired immunodeficiency syndrome to groups at high risk of becoming infected with the acquired immunodeficiency syndrome virus. Payments under such grants and contracts shall be used for the development and operation of programs directed toward such groups, and the development of educational materials directed toward such groups, relating to acquired immunodeficiency syndrome and infection with the acquired immunodeficiency syndrome virus.

"(b) No grant may be made and no contract may be entered into under this section unless an application therefor is submitted to the Secretary at such time, in such form, and containing such information as the Secretary may prescribe.

"COMMUNITY EDUCATION, INFORMATION, AND RISK REDUCTION DEMONSTRATION PROGRAMS

"SEC. 2404. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to public and private nonprofit entities (including community-based organizations) for the development, establishment, or expansion of demonstration programs for the conduct of targeted education, information, and risk reduction activities relating to acquired immunodeficiency syndrome. In making grants under this section, the Secretary shall give priority to programs and activities directed toward high risk populations in which there is a significant number of cases of acquired immunodeficiency syndrome or other significant evidence of infection with the acquired immunodeficiency virus.

"(b) No grant may be made to support a demonstration program under this section unless an application therefor is submitted to the Secretary in such form and at such time as the Secretary may by regulation prescribe. Each such application shall contain—

"(1) information demonstrating that the entity applying for the grant has identified needs for the conduct of education, information, and risk reduction activities relating to acquired immunodeficiency syndrome in the area in which the program will be developed, established, or expanded;

"(2) assurances that such entity will provide education and information concerning acquired immunodeficiency syndrome under the program in a manner which is medically accurate and factually correct;

"(3) assurances that any educational or informational materials developed with a grant under this section shall be of a content, and shall be presented in such a manner, which is specifically directed to the group for which such materials are intended;

"(4) a description of the manner in which such entity has planned the program in consultation with, and of the manner in which such entity will consult during the conduct of the program with—

"(A) appropriate local officials and community groups for the area to be served by the program;

"(B) groups representing individuals who are at high risk of contracting acquired immunodeficiency syndrome; and

"(C) individuals having expertise in health education,

in order to ensure that activities conducted under the program will be directed appropriately at the individuals needing such education, information, and risk reduction;

"(5) information demonstrating, in the case of an entity which is a community-based organization, that—

"(A) the organization has continuing relationships with the portion of the population in the area to be served by such organization who is at risk of contracting acquired immunodeficiency syndrome; and

"(B) the organization has established or will establish relationships with public and private entities in such area which provide services to individuals with acquired immunodeficiency syndrome;

"(6) a description of—

"(A) the objectives established by the entity for the conduct of the program; and

"(B) the methods the entity will use to evaluate the activities conducted under the program to determine if such objectives are met; and

"(7) such other information as the Secretary may by regulation prescribe.

"(c) In making grants under this section to support programs described in subsection (a), the Secretary shall give preference to community-based organizations which are located in, have a history of service in, and will serve under the program, areas—

"(1) in which there is a significant incidence of acquired immunodeficiency syndrome;

"(2) in which there has been a significant increase in the incidence of acquired immunodeficiency syndrome; or

"(3) in which there is a significant risk of becoming infected with acquired immunodeficiency syndrome virus,

as determined by the Secretary by regulation.

"(d) The Secretary may review the content of any educational or informational materials developed with a grant under this section only for scientific and factual validity.

"PUBLIC INFORMATION CAMPAIGNS

"SEC. 2405. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to public and nonprofit private entities, and shall enter into contracts with public and private entities, for the development and dissemination of public service announcements and paid advertising messages relating to acquired immunodeficiency syndrome that warn individuals about activities which place them at risk of becoming infected with the acquired immunodeficiency syndrome virus. The Director shall make every effort to ensure that not less than 90 percent of American households receive such messages at a frequency of not less than 15 times during a six-month period.

"(b) No grant may be made and no contract may be entered into under this section unless an application therefor is submitted to the Secretary at such time, in such form, and containing such information as the Secretary may prescribe.

"TELEPHONE HOTLINES

"SEC. 2406. (a) The Secretary, through the Public Health Service, shall maintain a toll free twenty-four hour telephone service to provide information to the public concerning acquired immunodeficiency syndrome.

"(b) The Secretary, through the Public Health Service, shall establish and maintain a telephone service to provide medical and technical information to individuals and organizations who provide care and treatment services for individuals with acquired immunodeficiency syndrome. Such telephone service shall be available during the normal business hours of the Public Health Service.

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 2407. To carry out this part, there are authorized to be appropriated $115,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.".

STATE PREVENTION PROGRAMS

SEC. 302. Title XXIV (as added by section 301 of this Act) is further amended by adding at the end thereof the following new part:

"PART B—STATE PREVENTION PROGRAMS

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 2411. For the purpose of allotments under section 2412, there are authorized to be appropriated $150,000,000 for fiscal year

1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

"ALLOTMENTS

"SEC. 2412. (a) The Secretary shall, for each of the fiscal years 1988, 1989, and 1990, allot to each State an amount determined in accordance with subsections (c) and (d). The Secretary shall, in accordance with section 2413, make payments for each such fiscal year to each State from the allotment for the State if the Secretary approves for each such fiscal year an application submitted by the State pursuant to section 2415.

"(b) The Secretary may not make payments under an allotment under subsection (a) to a State for a fiscal year unless the State agrees that amounts received by the State pursuant to such subsection will be expended only in accordance with section 2414.

"(c)(1) The allotment for a State under subsection (a) for a fiscal year shall be the greater of—

"(A) the amount described in paragraph (2); or

"(B) the amount determined in accordance with subsection (d).

"(2)(A) If the total amount appropriated under section 2411 for any fiscal year exceeds $100,000,000, the amount referred to in paragraph (1)(A) is $300,000 for such fiscal year.

"(B) If the total amount appropriated under section 2411 for any fiscal year equals or exceeds $50,000,000, but is less than $100,000,000, the amount referred to in paragraph (1)(A) is $200,000 for such fiscal year.

"(C) If the total amount appropriated under section 2411 for any fiscal year is less than $50,000,000, the amount referred to in paragraph (1)(A) is $100,000 for such fiscal year.

"(d)(1) The amount referred to in subsection (c)(1)(B) is the sum of the amounts determined under subparagraphs (A) and (B) of paragraph (2).

"(2)(A) The Secretary shall allot 60 percent of the amounts appropriated under section 2411 for any fiscal year to States in accordance with this subparagraph. Of the amount available for allotments under this subparagraph for a fiscal year, the Secretary shall allot to each State for such fiscal year an amount which bears the same ratio to such available amount as the population of the State bears to the population of all States.

"(B) The Secretary shall allot 40 percent of the amounts appropriated under section 2411 for any fiscal year to States in accordance with this subparagraph. Of the amount available for allotments under this subparagraph for a fiscal year, the Secretary shall allot to each State for such fiscal year an amount which bears the same ratio to such available amount as the number of reported cases of acquired immunodeficiency syndrome in the State bears to the number of reported cases of acquired immunodeficiency syndrome in all States.

"(3) To the extent that all of the amounts appropriated under section 2411 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to the States because—

"(A) one or more States have not submitted an application or description of activities in accordance with section 2415 for the fiscal year;

"(B) one or more States have notified the Secretary that they do not intend to use the full amount of their allotment; or

"(C) some State allotments are offset or repaid under section 2418(a)(3);

such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this paragraph.

"PAYMENTS UNDER ALLOTMENTS TO STATES

"SEC. 2413. (a)(1) For each fiscal year, the Secretary shall make payments, as provided by section 6503 of title 31, United States Code, to each State from its allotment under section 2412 from amounts appropriated for that fiscal year.

"(2) Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available to such State for the purposes for which it was made for the next fiscal year.

"(b) The Secretary, at the request of a State, may reduce the amount of payments under subsection (a) by—

"(1) the fair market value of any supplies or equipment furnished the State; and

"(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the State and the amount of any other costs incurred in connection with the detail of such officer or employee, when the furnishing of supplies or equipment or the detail of an officer or employee is for the convenience of and at the request of the State and for the purpose of conducting activities described in section 2414. The amount by which any payment is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be deemed to be part of the payment and shall be deemed to have been paid to the State.

"USE OF ALLOTMENTS

"SEC. 2414. (a) Except as provided in subsection (b), amounts paid to a State under this part may be used by the State for—

"(1) the development, establishment, or conduct of public information activities relating to the prevention and diagnosis of acquired immunodeficiency syndrome for each population or community in the State in which there is a a significant number of individuals at high risk of contracting such syndrome;

"(2) the development, establishment, or conduct of public information activities for the general public relating to the prevention and diagnosis of acquired immunodeficiency syndrome;

"(3) the development, establishment, or conduct of risk reduction activities relating to acquired immunodeficiency syndrome,

including research into the prevention and control of such syndrome;

"(4) the conduct of demonstration projects for the prevention and control of acquired immunodeficiency syndrome;

"(5) the provision of technical assistance to community-based organizations, public and nonprofit private entities, schools, and employers in developing information programs relating to acquired immunodeficiency syndrome; and

"(6) the conduct of education, training, and skills improvement activities in the prevention and control of acquired immunodeficiency syndrome for health professionals (including allied health professionals), public safety workers, teachers, school administrators, and other appropriate education personnel.

"(b) A State may not use amounts paid to it under section 2413 to—

"(1) provide inpatient services;

"(2) make cash payments to intended recipients of health services;

"(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

"(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;

"(5) provide financial assistance to any entity other than a public or nonprofit private entity; or

"(6) conduct any testing for infection with the acquired immunodeficiency syndrome virus or conduct any counseling relating to any such testing.

The Secretary may waive the limitation contained in paragraph (3) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will assist in carrying out this part.

"(c) Of the amount paid to any State under section 2413, not more than 5 percent may be used for administering the funds made available under such section. The State will pay from non-Federal sources the remaining costs of administering such funds.

"APPLICATION AND DESCRIPTION OF ACTIVITIES

"SEC. 2415. (a) In order to receive an allotment for a fiscal year under section 2412 each State shall submit an application to the Secretary. Each such application shall be in such form and submitted by such date as the Secretary shall require.

"(b) Each State shall certify that the State will make copies of each application required by this section available for public inspection and comment prior to the submission of such application.

"(c) As part of the annual application required by subsection (a), the chief executive officer of a State shall certify as follows:

"(1) The State agrees to use the funds allotted to it under section 2412 in accordance with the requirements of this part.

"(2) The State agrees, in carrying out this part, to place priority on activities directed towards individuals in populations and communities identified under section 2414(a)(1).

"(3) In the case of a State in which there is a large number of individuals who are intravenous drug abusers, the State agrees to place priority on activities under this part directed at such drug abusers.

"(4) The State agrees that information provided under this part will be scientifically accurate and factually correct.

"(5) In the case of a State in which there is a significant incidence of reported cases of acquired immunodeficiency syndrome, the State agrees—

"(A) to use at least 50 percent of the total amount paid to the State under section 2413 for any fiscal year for grants to local governments and community-based organizations in areas in the State in which there is a significant incidence of reported cases of acquired immunodeficiency syndrome; and

"(B) to require such governments and organizations to use such grants for the conduct by such governments and organizations of activities described in section 2414.

"(6) The State agrees that Federal funds made available under section 2413 for any period will be so used as to supplement and increase the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs and activities for which funds are provided under that section and will in no event supplant such State, local, and other non-Federal funds.

"TECHNICAL ASSISTANCE

"SEC. 2416. The Secretary may provide training and technical assistance to States with respect to the planning, development, and operation of programs to carry out this part. The Secretary may provide such training and technical assistance directly or through grants and contracts.

"ANNUAL REPORT

"SEC. 2417. Each State shall prepare and transmit to the Secretary an annual report on activities conducted with payments to the State under this part.

"AUDITS

"SEC. 2418. (a)(1) Each State shall establish fiscal control and fund accounting procedures as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under section 2413.

"(2) Each State shall provide for one of the following:

"(A) A financial and compliance audit of the funds provided the State under section 2413. Such audits shall be performed biennially, shall cover expenditures in each fiscal year, and shall be conducted in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, activities, and functions.

"(B) A single financial and compliance audit of each entity administering funds provided under section 2413. An audit of such an entity shall be conducted biennially, shall cover ex-

penditures in each fiscal year, and shall be conducted in accordance with standards of the Comptroller General referred to in subparagraph (A).

Within 30 days after completion of an audit under subparagraph (A) or (B), a copy of the audit report shall be transmitted to the State legislature and the Secretary. For purposes of subparagraphs (A) and (B), the term 'financial and compliance audit' means an audit to determine whether the financial statements of an audited entity present fairly the financial position and the results of financial operations in accordance with generally accepted accounting principles, and whether the entity has complied with laws and regulations that may have a material effect upon the financial statements.

"(3) Each State shall, after being provided by the Secretary with adequate notice and opportunity for a hearing within the affected State, repay to the United States amounts found not to have been expended in accordance with the requirements of this part or the certification provided under section 2415(c). If such repayment is not made, the Secretary shall, after providing the State with adequate notice and opportunity for a hearing, offset such amounts against the amount of any allotment to which the State is or may become entitled under section 2412.

"(4) The State shall make copies of the reports and audits required by this section available for public inspection within the State.

"(5) The Comptroller General of the United States shall, from time to time, evaluate the expenditures by States of allotments under this part in order to assure that expenditures are consistent with the provisions of this part.

"(b) The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part in order to enable States to share uniform data and information with respect to the provision of such services.

"WITHHOLDING

"SEC. 2419. (a)(1) The Secretary shall, after adequate notice and an opportunity for a hearing conducted within the affected State, withhold funds from any State which does not use its allotment in accordance with the requirements of this part or the certification provided under section 2415(c). The Secretary shall withhold such funds until the Secretary finds that the reason for the withholding has been removed and there is reasonable assurance that it will not recur.

"(2) The Secretary may not institute proceedings to withhold funds under paragraph (1) unless the Secretary has conducted an investigation concerning whether the State has used its allotment in accordance with the requirements of this part or the certification provided under section 2415(c). Investigations required by this paragraph shall be conducted within the affected State by qualified investigators.

"(3) The Secretary shall respond in an expeditious manner to complaints of a substantial or serious nature that a State has failed to

use funds in accordance with the requirements of this part or the certification provided under section 2415(c).

"(4) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the requirements of this part or the certification provided under section 2415(c).

"(b)(1) The Secretary shall conduct in several States in each fiscal year investigations of the use of funds received by the States under this part in order to evaluate compliance with the requirements of this part and the certification provided under section 2415(c).

"(2) The Comptroller General of the United States may conduct investigations of the use of funds received under this part by a State in order to insure compliance with the requirements of this part and the certification provided under section 2415(c).

"(c) Each State, and each entity which has received funds from an allotment made to a State under this part, shall make appropriate books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying, or mechanical reproduction on or off the premises of the appropriate entity upon a reasonable request therefor.

"(d)(1) In conducting any investigation in a State, the Secretary or the Comptroller General of the United States may not make a request for any information not readily available to such State or an entity which has received funds from an allotment made to the State under this part or make an unreasonable request for information to be compiled, collected, or transmitted in any form not readily available.

"(2) Paragraph (1) does not apply to the collection, compilation, or transmittal of data in the course of a judicial proceeding.

"CRIMINAL PENALTY FOR FALSE STATEMENTS

"SEC. 2420. Whoever—

"(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payment may be made by a State from funds allotted to the State under this part; or

"(2) having knowledge of the occurrence of any event affecting his initial or continued right to any such payment conceals or fails to disclose such event with an intent fraudulently to secure such payment either in a greater amount that is due or when no such payment is authorized,

shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

"EVALUATIONS

"SEC. 2421. The Secretary shall conduct, or arrange for the conduct of, evaluations for services provided and activities carried out with payments to States under this part.".

TITLE IV—TRAINING

ESTABLISHMENT OF PROGRAMS

SEC. 401. Title XXIV (as added by section 301 of this Act and amended by section 302 of this Act) is further amended by adding at the end thereof the following new part:

"PART D—TRAINING

"FELLOWSHIPS AND TRAINING

"SEC. 2451. (a) The Secretary, through the Director of the Centers for Disease Control, shall establish fellowship and training programs to be conducted by the Centers for Disease Control to train individuals to develop skills in epidemiology, surveillance, testing, counseling, education, information, laboratory analysis, and risk reduction relating to acquired immunodeficiency syndrome. Such programs shall be designed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in national and international efforts to combat acquired immunodeficiency syndrome.

"(b) Any individual receiving a fellowship or receiving training under subsection (a) shall not be counted in determining the number of full time equivalent employees of the Department of Health and Human Services for the purpose of any limitation on the number of such employees established by law prior to, on, or after the date of enactment of this title.

"(c) To carry out this section, there are authorized to be appropriated $20,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

"CONTINUING MEDICAL EDUCATION

"SEC. 2452. (a) The Secretary shall make grants to nonprofit national organizations representing health care workers to assist in the payment of the costs of projects to train such workers concerning—

"(1) appropriate infection control procedures to reduce the transmission of acquired immunodeficiency syndrome; and

"(2) the provision of care and treatment to individuals with acquired immunodeficiency syndrome and related illnesses.

"(b) No grant may be made under this section unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information, as the Secretary may prescribe.

"(c) The Federal share of the costs of a project supported with a grant under this section shall be 33 percent.

"(d) To carry out this section, there are authorized to be appropriated $4,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.".

TRAINING OF HEALTH PROFESSIONALS WITH RESPECT TO ACQUIRED IMMUNODEFICIENCY SYNDROME

SEC. 402. Part F of title VII is amended by inserting after section 788 the following new section:

"TRAINING WITH RESPECT TO ACQUIRED IMMUNODEFICIENCY SYNDROME

"SEC. 788A. (a)(1) The Secretary, through the Public Health Service, may make grants to and enter into contracts with schools of medicine and osteopathy to assist in meeting the costs of such schools in providing projects to—

"(A) train faculty of schools of medicine, nursing, osteopathy, dentistry, public health, and allied health to teach students in such schools to provide care and treatment for individuals with acquired immunodeficiency syndrome; and

"(B) develop and disseminate curricula relating to the care and treatment of individuals with acquired immunodeficiency syndrome.

"(2) In making grants under this section, the Secretary shall give preference to projects which will—

"(A) train, or result in the training of, health professionals and allied health professionals who will provide treatment for minority individuals with acquired immunodeficiency syndrome and other individuals who are at high risk of contracting such syndrome; and

"(B) train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with acquired immunodeficiency syndrome.

"(b) No grant or contract may be made under this section unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information, as the Secretary may prescribe.

"(c)(1) Any application for a grant or contract under this subsection shall be subject to appropriate peer review by peer review groups composed principally of non-Federal experts.

"(2) The Secretary may not approve or disapprove an application for a grant or contract under this subsection unless the Secretary has received recommendations with respect to such application from the appropriate peer review group required under paragraph (1) and has consulted with the National Advisory Council on Health Professions Education with respect to such application.

"(d) For purposes of this section, the term 'school of nursing' has the same meaning as in section 853(2).

"(e) To carry out this section, there are authorized to be appropriated $11,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.".

TITLE V—SERVICE PROGRAMS

STATE SERVICE PROGRAMS

SEC. 501. Title XXIV (as added by section 301 of this Act and as amended by sections 302 and 401 of this Act) is further amended by inserting after part B the following new part:

"PART C—HEALTH SERVICES

"AUTHORIZATION OF APPROPRIATIONS

"SEC. 2431. For the purpose of allotments under section 2432, there are authorized to be appropriated $100,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

"ALLOTMENTS

"SEC. 2432. (a) The Secretary shall, for each of the fiscal years 1988, 1989, and 1990, allot to each State an amount determined in accordance with subsections (c) and (d). The Secretary shall, in accordance with section 2433, make payments for each such fiscal year to each State from the allotment for the State if the Secretary approves for each such fiscal year an application submitted by the State pursuant to section 2435.

"(b) The Secretary may not make payments under an allotment under subsection (a) to a State for a fiscal year unless the State agrees that amounts received by the State pursuant to such subsection will be expended only in accordance with section 2434.

"(c)(1) The allotment for a State under subsection (a) for a fiscal year shall be the greater of—

"(A) the amount described in paragraph (2); or

"(B) the amount determined in accordance with subsection (d).

"(2)(A) If the total amount appropriated under section 2431 for any fiscal year equals or exceeds $50,000,000, the amount referred to in paragraph (1)(A) is $175,000 for such fiscal year.

"(B) If the total amount appropriated under section 2411 for any fiscal year is less than $50,000,000, the amount referred to in paragraph (1)(A) is $100,000 for such fiscal year.

"(d)(1) From the total amount appropriated under section 2431 for any fiscal year, the Secretary shall allot to each State for such fiscal year an amount which bears the same ratio to such total amount as the number of reported cases of living individuals with acquired immunodeficiency syndrome in the State bears to the number of reported cases of living individuals with acquired immunodeficiency syndrome in all States.

"(2) To the extent that all the funds appropriated under section 2431 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to the States because—

"(A) one or more States have not submitted an application or description of activities in accordance with section 2435 for the fiscal year;

"(B) one or more States have notified the Secretary that they do not intend to use the full amount of their allotment; or

"(C) some State allotments are offset or repaid under section 2437(a)(3);

such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this paragraph.

"PAYMENTS UNDER ALLOTMENTS TO STATES

"SEC. 2433. (a)(1) For each fiscal year, the Secretary shall make payments, as provided by section 6503 of title 31, United States Code, to each State from its allotment under section 2432 from amounts appropriated for that fiscal year.

"(2) Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available to such State for the purposes for which it was made for the next fiscal year.

"(b) The Secretary, at the request of a State, may reduce the amount of payments under subsection (a) by—

"(1) the fair market value of any supplies or equipment furnished the State; and

"(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the State and the amount of any other costs incurred in connection with the detail of such officer or employee, when the furnishing of supplies or equipment or the detail of an officer or employee is for the convenience of and at the request of the State and for the purpose of conducting activities described in section 2434. The amount by which any payment is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be deemed to be part of the payment and shall be deemed to have been paid to the State.

"USE OF ALLOTMENTS

"SEC. 2434. (a)(1) Except as provided in subsection (b), amounts paid to a State under this part may be used by the State for—

"(A) the payment of compensation for the services of physicians, nurses, and social workers who plan, manage, provide, or arrange for the provision of, health care services for eligible individuals in the home and in community-based settings, including community-based respite and day care programs;

"(B) the provision of referrals to other appropriate services;

"(C) the identification, location, and provision of outreach to eligible individuals, including infants and children, needing health care services in the home or in the community;

"(D) the provision of appropriate training and recruitment of individuals who provide services to eligible individuals;

"(E) the provision of outpatient mental health services;

"(F) the provision of outpatient drug abuse treatment services;

"(G) the coordination of the provision of health care services in the home for eligible individuals; and

"(H) the coordination of other health and social services provided for eligible individuals by public and private institutions and voluntary organizations in order to ensure the provision of such services and to maximize the use of funds provided under this part and other Federal laws.

"(2) A State may use amounts paid to it under section 2433 to provide health care services in the home for eligible individuals through grants to health care organizations. In making such grants,

a State shall give priority to certified home health care programs, hospitals, or community-based programs that have demonstrated an ability to deliver health care services.

"(3) A State may use amounts paid to it under section 2433 to recruit and train community-based physicians and other individuals for the provision of services to eligible individuals.

"(4) In carrying out the activities under this part, the State shall give priority to activities directed towards minorities and populations at high risk of contracting acquired immunodeficiency syndrome.

"(b) A State may not use amounts paid to it under section 2433 to—

"(1) provide inpatient services;

"(2) make cash payments to intended recipients of health services;

"(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

"(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

"(5) provide financial assistance to any entity other than a public or nonprofit private entity.

The Secretary may waive the limitation contained in paragraph (3) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will assist in carrying out this part.

"(c) Of the amount paid to any State under section 2433, not more than 5 percent may be used for administering the funds made available under such section. The State will pay from non-Federal sources the remaining costs of administering such funds.

"APPLICATION AND DESCRIPTION OF ACTIVITIES

"SEC. 2435. (a) In order to receive an allotment for a fiscal year under section 2432 each State shall submit an application to the Secretary. Each such application shall be in such form and submitted by such date as the Secretary shall require.

"(b) Each State shall certify that the State will make copies of the applications required by this section available for public inspection.

"(c) As part of the annual application required by subsection (a), the chief executive officer of a State shall certify as follows:

"(1) The State agrees to use the funds allotted to it under section 2432 in accordance with the requirements of this part.

"(2) The State agrees to identify each population in the State at high risk of contracting acquired immunodeficiency syndrome, including minority populations, and to provide services under this part to each such population.

"(3) The State agrees that it will, to the maximum extent feasible, provide services under this part to individuals who are low-income individuals and not receiving equivalent services under the State's Medicaid plan approved under title XIX of the Social Security Act.

"(4) The State agrees to use funds available to the State under section 2334(c) to establish a State Acquired Immunodeficiency Syndrome Council which shall—

"(A) monitor, review, and evaluate, not less often than annually, the allocation and adequacy of services for eligible individuals within the State; and

"(B) be comprised of residents of the State, including representatives of the principal State agencies involved in providing services to eligible individuals and representatives of community-based organizations providing services to eligible individuals.

"TECHNICAL ASSISTANCE

"SEC. 2436. The Secretary may provide training and technical assistance to States with respect to the planning, development, and operation of programs to carry out this part. The Secretary may provide such training and technical assistance directly or through grants and contracts.

"AUDITS

"SEC. 2437. (a)(1) Each State shall establish fiscal control and fund accounting procedures as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under section 2433.

"(2) Each State shall provide for one of the following:

"(A) A financial and compliance audit of the funds provided the State under section 2433. Such audits shall be performed biennially, shall cover expenditures in each fiscal year, and shall be conducted in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, activities, and functions.

"(B) A single financial and compliance audit of each entity administering funds provided under section 2433. An audit of such an entity shall be conducted biennially, shall cover expenditures in each fiscal year, and shall be conducted in accordance with standards of the Comptroller General referred to in subparagraph (A).

Within 30 days after completion of an audit under subparagraph (A) or (B), a copy of the audit report shall be transmitted to the State legislature and the Secretary. For purposes of subparagraphs (A) and (B), the term 'financial and compliance audit' means an audit to determine whether the financial statements of an audited entity present fairly the financial position and the results of financial operations in accordance with generally accepted accounting principles, and whether the entity has complied with laws and regulations that may have a material effect upon the financial statements.

"(3) Each State shall, after being provided by the Secretary with adequate notice and opportunity for a hearing within the affected State, repay to the United States amounts found not to have been expended in accordance with the requirements of this part or the certification provided under section 2435(c). If such repayment is not made, the Secretary shall, after providing the State with adequate

notice and opportunity for a hearing, offset such amounts against the amount of any allotment to which the State is or may become entitled under section 2432.

"(4) The State shall make copies of the reports and audits required by this section available for public inspection within the State.

"(5) The Comptroller General of the United States shall, from time to time, evaluate the expenditures by States of allotments under this part in order to assure that expenditures are consistent with the provisions of this part.

"(b) The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part in order to enable States to share uniform data and information with respect to the provision of such services.

"WITHHOLDING

"SEC. 2438. (a)(1) The Secretary shall, after adequate notice and an opportunity for a hearing conducted within the affected State, withhold funds from any State which does not use its allotment in accordance with the requirements of this part or the certification provided under section 2435(c). The Secretary shall withhold such funds until the Secretary finds that the reason for the withholding has been removed and there is reasonable assurance that it will not recur.

"(2) The Secretary may not institute proceedings to withhold funds under paragraph (1) unless the Secretary has conducted an investigation concerning whether the State has used its allotment in accordance with the requirements of this part or the certification provided under section 2435(c). Investigations required by this paragraph shall be conducted within the affected State by qualified investigators.

"(3) The Secretary shall respond in an expeditious manner to complaints of a substantial or serious nature that a State has failed to use funds in accordance with the requirements of this part or the certification provided under section 2435(c).

"(4) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the requirements of this part or the certification provided under section 2435(c).

"(b)(1) The Secretary shall conduct in several States in each fiscal year investigations of the use of funds received by the States under this part in order to evaluate compliance with the requirements of this part and the certification provided under section 2435(c).

"(2) The Comptroller General of the United States may conduct investigations of the use of funds received under this part by a State in order to insure compliance with the requirements of this part and the certification provided under section 2435(c).

"(c) Each State, and each entity which has received funds from an allotment made to a State under this part, shall make appropriate books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying, or mechanical

reproduction on or off the premises of the appropriate entity upon a reasonable request therefor.

"(d)(1) In conducting any investigation in a State, the Secretary or the Comptroller General of the United States may not make a request for any information not readily available to such State or an entity which has received funds from an allotment made to the State under this part or make an unreasonable request for information to be compiled, collected, or transmitted in any form not readily available.

"(2) Paragraph (1) does not apply to the collection, compilation, or transmittal of data in the course of a judicial proceeding.

"CRIMINAL PENALTY FOR FALSE STATEMENTS

"SEC. 2439. Whoever—

"(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payment may be made by a State from funds allotted to the State under this part; or

"(2) having knowledge of the occurrence of any event affecting his initial or continued right to any such payment conceals or fails to disclose such event with an intent fraudulently to secure such payment either in a greater amount that is due or when no such payment is authorized,

shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

"EVALUATIONS

"SEC. 2440. The Secretary shall conduct, or arrange for the conduct of, evaluations for services provided and activities carried out with payments to States under this part.

"DEFINITION

"SEC. 2441. For purposes of this part, the term 'eligible individual' means an individual who is infected with the acquired immunodeficiency syndrome virus and who has clinical symptoms resulting from such infection.".

TITLE VI—RESEARCH

ACQUIRED IMMUNODEFICIENCY SYNDROME ADVISORY BOARD

SEC. 601. Part B of title IV is amended by adding at the end thereof the following new section:

"ACQUIRED IMMUNODEFICIENCY SYNDROME ADVISORY BOARD

"SEC. 409. (a) The Director of NIH shall establish in the National Institutes of Health an Acquired Immunodeficiency Syndrome Advisory Board (hereafter in this section referred to as the 'Advisory Board').

"(b) The Advisory Board shall be composed of seven appointed members and nonvoting ex officio members as follows:

"(1) The Director of NIH shall appoint—

"(A) four members from individuals who are scientists, physicians, and other health professionals, who are not officers or employees of the United States, and who represent the specialties and disciplines relevant to acquired immunodeficiency syndrome; and

"(B) three members from the general public who are knowledgeable with respect to acquired immunodeficiency syndrome, including at least one member who is an individual who is infected with the human immunodeficiency virus.

Of the members appointed under this paragraph, at least three shall by virtue of training or experience be knowledgeable in research in the fields of health education, nursing, data systems, public information, and community program development, and of the members appointed under subparagraph (A), at least one shall be an expert in public health. In making appointments under this paragraph, the Director of NIH shall request recommendations from the Institute of Medicine of the National Academy of Sciences.

"(2) The following shall be ex officio members of the Advisory Board:

"(A) The Director of NIH, the Director of the National Cancer Institute, the Director of the National Institute on Allergy and Infectious Diseases, and the Surgeon General of the United States (or the designees of such officers).

"(B) Such other officers and employees of the United States as the Advisory Board determines necessary for the Advisory Board to carry out its functions.

"(c) Members of the Advisory Board shall serve without compensation in addition to that received in their regular public employment. While away from their homes or regular places of business in the performance of duties for the Advisory Board, all members of the Advisory Board shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under sections 5702 and 5703 of title 5, United States Code.

"(d) The term of office of an appointed member of the Advisory Board is four years, except that no term of office may extend beyond the expiration of the Advisory Board. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office. If a vacancy occurs in the Advisory Board, the Director of NIH shall make an appointment to fill the vacancy not later than 90 days from the date the vacancy occurred.

"(e) The Director of NIH shall select the chairman of the Advisory Board from the members of the Advisory Board.

"(f) The Director of NIH shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with an executive director and one other professional staff member. In addition, the Director of NIH shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with such additional professional staff members, such clerical staff members, such services of consultants, such information, and (through contracts or

other arrangements) such administrative support services and facilities, as the Director of NIH determines are necessary for the Advisory Board to carry out its functions.

"(g) The Advisory Board shall meet at the call of the chairman, but not less often than four times a year.

"(h) The Advisory Board shall—

"(1) review and evaluate the implementation of the National Research Program on Acquired Immunodeficiency Syndrome established under section 447;

"(2) for the purpose of assuring the most effective use and organization of resources respecting research concerning acquired immunodeficiency syndrome, advise and make recommendations to the Congress, the Secretary, the Director of NIH, the Director of the National Institute on Allergy and Infectious Diseases, and the heads of other appropriate Federal agencies for the implementation and revision of such Program; and

"(3) maintain liaison with other advisory bodies related to Federal agencies involved in activities related to acquired immunodeficiency syndrome.

"(i) In carrying out its functions, the Advisory Board may establish subcommittees, convene workshops and conferences, and collect data. Such subcommittees may be composed of Advisory Board members and nonmember consultants with expertise in the particular area addressed by such subcommittees. The subcommittees may hold such meetings as are necessary to enable them to carry out their activities.

"(j) The Advisory Board shall prepare and transmit to the Director of NIH an annual report which—

"(1) describes the Advisory Board's activities in the fiscal year for which the report is made; and

"(2) contains the Advisory Board's recommendations with respect to the Program.

"(k) The Advisory Board shall terminate on September 30, 1992.

"(l) The Director of NIH shall make appointments to the Advisory Board within 90 days after the date of enactment of this section.".

IMPROVING THE CAPABILITY OF THE NATIONAL INSTITUTES OF HEALTH TO COMBAT ACQUIRED IMMUNODEFICIENCY SYNDROME

SEC. 602. (a) Subpart 6 of part C of title IV is amended by adding at the end thereof the following new sections:

"NATIONAL RESEARCH PROGRAM ON ACQUIRED IMMUNODEFICIENCY SYNDROME

"SEC. 447. (a) There shall be the National Research Program on Acquired Immunodeficiency Syndrome (hereafter in this subpart referred to as the 'Program'), which shall consist of—

"(1) an expanded, intensified, and coordinated research program on acquired immunodeficiency syndrome conducted and supported by the Institute, including an expanded and intensified basic and clinical research program relating to the prevention and treatment of acquired immunodeficiency syndrome; and

"(2) demonstration, education, and other programs for health professionals for the detection, diagnosis, prevention, and treatment of acquired immunodeficiency syndrome and for the provision of counseling concerning acquired immunodeficiency syndrome.

"(b) The Director of the Institute shall be responsible for the administration of the Program.

"(c) To carry out the Program, the Director of the Institute shall establish projects to promote cooperation between Federal agencies, State, local, and regional public health agencies, and private entities, in research concerning the diagnosis, prevention, and treatment of acquired immunodeficiency syndrome.

"(d) In carrying out the Program, the Director of the Institute shall—

"(1) coordinate activities under the Program with other activities relating to acquired immunodeficiency syndrome conducted by the other national research institutes and the agencies of the National Institutes of Health; and

"(2) give special emphasis to the continued development of activities relating to the cause of acquired immunodeficiency syndrome and to the coordination of such activities with related activities conducted by the other national research institutes.

"(e) The Director of the Institute shall prepare and transmit to the Secretary, for inclusion in the Secretary's annual report under section 102 of the Acquired Immunodeficiency Syndrome Information and Research Act of 1987, a report—

"(1) describing and evaluating the progress made in such fiscal year in research, treatment, education, and training with respect to acquired immunodeficiency syndrome conducted or supported by the Institute;

"(2) summarizing and analyzing expenditures made in such fiscal year for activities respecting acquired immunodeficiency syndrome conducted or supported by the Institute; and

"(3) containing such recommendations as the Director of the Institute considers appropriate.

"SPECIAL AUTHORITIES OF THE DIRECTOR

"SEC. 447A. In carrying out the Program, the Director of the Institute—

"(1) shall develop and expand clinical trials of treatments and therapies for acquired immunodeficiency syndrome and infection with the acquired immunodeficiency syndrome virus;

"(2) may establish or support the large-scale development and preclinical screening, production, or distribution of specialized biological materials and other therapeutic substances for research relating to acquired immunodeficiency syndrome and set standards of safety and care for persons using such materials;

"(3) may, in consultation with the advisory council for the Institute, support (A) research relating to acquired immunodeficiency syndrome outside the United States by highly qualified foreign nationals which can be expected to benefit the American people, (B) collaborative research involving American and for-

eign participants, and (C) the training of American scientists abroad and foreign scientists in the United States;

"(4) may, in consultation with the advisory council for the Institute, support appropriate programs of education and training (including continuing education and laboratory and clinical research training);

"(5) may encourage and coordinate research relating to acquired immunodeficiency syndrome by industrial concerns where such concerns evidence a particular capability for such research;

"(6)(A) may, in consultation with the advisory council for the Institute, acquire, improve, repair, operate, and maintain laboratories, other research facilities, equipment, and such other real or personal property as the Director of the Institute determines necessary;

"(B) may, in consultation with the advisory council for the Institute, make grants for the renovation of facilities; and

"(C) may, in consultation with the advisory council for the Institute, acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34) by lease or otherwise through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Program for a period not to exceed ten years; and

"(7) subject to section 405(b)(2) and without regard to section 3324 of title 31, United States Code, and section 3709 of the Revised Statutes (41 U.S.C. 5), may enter into such contracts and cooperative agreements with any public agency, or with any person, firm, association, corporation, or educational institution, as may be necessary to expedite and coordinate research relating to acquired immunodeficiency syndrome.

"NATIONAL ACQUIRED IMMUNODEFICIENCY SYNDROME RESEARCH CENTERS

"SEC. 447B. (a)(1) The Director of the Institute may enter into cooperative agreements with and make grants to public or private nonprofit entities to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for, centers for basic and clinical research into, and training in, advanced diagnostic, prevention, and treatment methods for acquired immunodeficiency syndrome.

"(2) A cooperative agreement or grant under paragraph (1) shall be entered into in accordance with policies established by the Director of NIH and after consultation with the Institute's advisory council.

"(b) Federal payments made under a cooperative agreement or grant under subsection (a) may be used for—

"(1) the renovation or leasing of space;

"(2) staffing and other basic operating costs, including such patient care costs as are required for research;

"(3) clinical training, including training for allied health professionals, continuing education for health professionals and allied health professions personnel, and information programs

for the public respecting acquired immunodeficiency syndrome; and

"(4) demonstration purposes.

As used in this subsection, the term 'training' does not include research training for which National Research Service Awards may be provided under section 487.

"(c) Support of a center under subsection (a) may be for a period of not to exceed five years. Such period may be extended by the Director for additional periods of not more than five years each if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

"ASSOCIATE DIRECTOR FOR PREVENTION

"SEC. 447C. (a) There shall be in the Institute an Associate Director for Prevention to coordinate and promote the programs in the Institute concerning the prevention of infectious diseases, including acquired immunodeficiency syndrome. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or experience are experts in public health or preventive medicine.

"(b) The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

"VIRUS AND SERUM BANK

"SEC. 447D. The Director of the Institute shall establish, or provide for the establishment of, a virus and serum bank in which all human immunodeficiency virus serotypes and serum are available to qualified investigators and organizations.".

(b) Section 446 is amended—

(1) by inserting "the cause, prevention, treatment, and care of individuals with" after "with respect to"; and

(2) by inserting before the period a comma and "including acquired immunodeficiency syndrome".

NATIONAL RESEARCH SERVICE AWARDS

SEC. 603. Section 487(a) is amended by adding at the end thereof the following new paragraph:

"(4) The Secretary, through the Directors of the national research institutes, shall make National Research Service Awards under subparagraphs (A)(ii), (A)(iv), and (B) of paragraph (1) for the training of individuals to participate in national research efforts relating to acquired immunodeficiency syndrome.".

DRUG ABUSE RESEARCH

SEC. 604. (a) Section 516(a) is amended—

(1) by striking out "and" at the end of paragraph (1)(B);

(2) by striking out the period at the end of paragraph (2)(C) and inserting in lieu thereof a semicolon and "and"; and

(3) by adding at the end thereof the following new paragraph:

"(3) for the study and demonstration of effective methods to reduce the transmission of the acquired immunodeficiency syndrome virus among intravenous drug abusers.".

(b) Section 517 is amended by adding at the end thereof the following new sentence: "Of the amounts appropriated under this section for any fiscal year (beginning with fiscal year 1988) $25,000,000 shall be available for projects under section 516(a)(3).".

IV Committee Views

TITLE I—AIDS AS A NATIONAL PUBLIC HEALTH EMERGENCY

Section 101. Declaration of Emergency

Because of the grave threat to the public health posed by the epidemic of AIDS (Acquired Immonodeficiency Syndrome), the Committee believes that emergency measures must be taken by the Federal government to curtail the continuing spread of infection with the AIDS virus and to develop as rapidly as possible effective tools and strategies to treat and prevent AIDS and related illnesses.

The Committee expects that the Secretary of Health and Human Services shall develop an enhanced and expanded Federal plan for addressing this public health crisis. The plan shall include specific programs to rapidly make all Americans aware of the risk presented by the epidemic as well as targetted educational and informational outreach to those individuals whose past or future behavior places them at increased risk for infection. The Committee believes that special attention is required to identify, expedite, and support research programs and initiatives that may lead to increased understanding of infection with the etiologic agent for AIDS, its transmission and resultant disease process as well as the development of an AIDS vaccine and effective therapeutic interventions. A research program should include the full range of research activities supported by the National Institutes of Health, and other Public Health Research Programs, including biomedical, demographic, behavioral and social science research.

It is the belief of the Committee that an effective AIDS emergency program will include prevention efforts with careful evaluation of current and future efforts to encourage the behavior changes that are society's only current defense against spread of infection by the AIDS virus.

The Committee instructs that the Secretary to review the capability of existing regulations, mechanisms and management systems within the Department to meet the urgent and novel needs imposed by the epidemic and explore possible methods of improving Federal responsiveness to the problem. In addition, the Committee requests that the Secretary conduct an evaluation to identify existing Federal legislation or regulations that may have the effect of delaying or blocking programs or initiatives that the Department of Health and Human Services believes are needed to address and ultimately overcome the problem of AIDS. For example, the Secretary may wish to request legislative action to facilitate the bidding and award of government grants and contracts for urgent research or materials production or to make possible the ac-

quisition of animals needed for drug and vaccine testing from other nations.

Section 103. AIDS Clinical Evaluation Unit at the National Institutes of Health

The Committee recognizes that AIDS is a particularly complex disease process that requires study by experts in multiple scientific disciplines and medical specialities. It is the Committee's belief that the advances made to date in defining and understanding AIDS, related illnesses and the role of infection with the etiologic for AIDS in the disease development are the direct result of the nation's continuing commitment to the support of basic biologic, biomedical and epidemiologic research programs.

Because AIDS is a public health emergency, the Committee intends that special priority should be given to the development and clinical evaluation of AIDS therapies and vaccines by the National Institutes of Health Clinical Center. To accomplish this, the Committee has provided for the establishment of a special AIDS treatment and evaluation drug evaluation unit by the National Cancer institute at the Clinical Center. It is the Committee's intention that this unit will include both in-patient and ambulatory facilities to expedite and expand clinical testing of promising drugs and therapies developed or identified by the National Cancer Institute's Preclinical Drug Development program. In addition, the Committee intends that this clinical evaluation unit be used for the testing of promising drugs and therapies identified by other National Research institutes, as well as those generated by extramural researchers and industry. Approximately 50 in-patient beds be made available within Clinical Center for the creation and operation of the AIDS Clinical Evaluation Unit. In addition, the Committee expects that the Director of the National Institutes of Health will provide or arrange for the provision of medical and nursing personnel and support services (including but not limited to chemistry, blood bank, radiology, pharmacy, diagnostic psychiatric, social work, and housekeeping services) necessary for the operation of the unit.

It is the express intention of the Committee that the number of in-patient beds and support services currently available to the National Cancer Institute for the clincial care of patients with illnesses other than AIDS not be reduced in order to create the special unit for the evaluation of AIDS drugs and therapies at Clinical Center.

Section 104. Addition Personnel for the FDA, NIH, and CDC

The federal government's increased effort and spending on AIDS research, education, and prevention has imposed new burdens on both the personnel and infrastructure of the agencies, divisions and centers responsible for responding to this public health emergency.

With the unexpected advent of new and catastrophic illness such as AIDS, the Committee recognizes that managers within the Department of Health and Human Services first turned to the expert personnel and resources at hand to address the problem. However, it is the belief of the Committee that other important areas of research, disease prevention, health education and regulation must

not be neglected as the Department mobilizes to address the AIDS emergency. In authorizing the hiring of an additional 690 full time employees to expand and accelerate the federal effort to curtail and combat AIDS, it is the explicit intention of the Committee that these additional employees will be added to the personnel ceiling, as established by the administration, in effect as of July 1, 1987, for the agencies specified.

In order to permit the expedited review and evaluation of promising AIDS treatments and vaccines, the Committee has provided for the hiring of an additional 40 employees by the Food and Drug Administration. The Committee expects that the Secretary will provide the Food and Drug Administration with necessary support systems and facilities to permit expedited review and evaluation procedures at the FDA.

In order to carry out both intramural research efforts and manage the support of extramural programs, the Committee has provided for the hiring of an additional 300 employees by the National Institutes of Health. The Committee anticipates that up to 75 of these positions will be utilized for the operation and support of the AIDS Clinical Evaluation Unit at Clinical Center. In addition, the Committee expects that a number of these employees may be assigned to managerial, supervisory and support positions in order to accomplish the expedited review and award of grants, contracts and cooperative agreements as specified by this bill.

In order to expand and enhance the research, epidemiological, AIDS prevention and educational activities of the Center for Disease Control, the Committee has provided for the hiring of an additional 350 employees by the CDC. The Committee anticipates that the Director of the Centers for Disease Control may choose to assign a number of these employees to carry out training or technical support activities in the states, local areas with high incidence of cases of AIDS or in nations seeking the support and assistance of the United States in undertaking AIDS research and prevention efforts.

Section 105. Expediting the Award of Grants, Contracts, and Cooperative Agreements

The Committee expects that the Secretary, through the Director of the National Institutes of Health, the Director of the Centers for Disease Control, the Director of the Health Care Financing Administration, the Administrator of Health Resources and Services Administration, the Commissioner of the Food and Drug Administration, and the Administrator of the Alcohol, Drug Abuse and Mental Health Administration, shall develop a plan for accelerating the review and award federal grants, contracts and cooperative agreements pertaining to AIDS research, care and treatment, and prevention activities.

The legislation requires that applications for grants, contracts, and cooperative agreements that are submitted in response to a solicitation shall be reviewed and a decision made and announced within a period of six months. The Committee anticipates that in certain instances, particularly in the case of projects requiring input from multiple scientific and medical disciplines, it may not be possible to complete technical evaluation, peer-review, cost anal-

ysis and negotiation, and regularly clearance obtained within the specified timeframe of six months. In such instances, the solicitation shall include notice that review and a decision concerning award will not occur within six months and that a copy of this notice shall be transmitted to the Committee.

By requiring notification, the Committee does not intend to impose an additional clearance procedure for development and release of the solicitation. The initial determination of whether award or other action may be accomplished within the six month timeframe is intended to be the responsibility of the Director of the Institute, Center, Division, Agency or Administration issuing the solicitation. In addition, the Committee anticipates that in exceptional instances, it may be necessary to extend the timeframe for review and award after the release of the solicitation. For example, in the review of proposals for a multicenter clinical evaluation project, technical and peer reviewers may determine that a site-visit is needed to make fully-informed selection of location of the facilities. Further, the Committee recognizes that the rapidly evolving scientific and medical understanding of AIDS, its pathogenesis and treatment may result in the introduction of unanticipated variables in the scheduled technical and peer review of important projects. Should such unanticipated developments require delay of award or other action on a project, the Committee expects that notice of such delay will be forwarded to it within 30 days after need for an adjustment in the review timeframe becomes known to the Institute, Center, Division, Agency or Administration issuing the solicitation.

In requiring the Secretary to expedite grant, contract and cooperative agreement review and award procedures, the Committee's intention is to encourage a quicker, more comprehensive Federal response to the AIDS crisis. While the Committee believes that accelerated award of federal funding is justified and possible, it is not the intention of the Committee to undermine the integrity of the peer-review system or the quality of applications submitted for evaluation and review. In particular, the Committee wishes to encourage managers and directors of the individual Institutes, Centers, Agencies, Divisions, and Administrations to explore methods of condensing the time required to accomplish routine or mechanical parts of the evaluation and review procedure (such as receipt, logging, distribution) and to eliminate lag time between initial technical and peer review and final approval by oversight councils or panels.

In the case of the National Research Institutes, the Committee encourages individual Directors to examine whether legislative action might be required to increase the dollar ceiling on grants and cooperative agreements that may be awarded without Council approval. Further, the Committee encourages the National Research Institutes to explore methods of obtaining Council approvals by mail ballot, teleconference or through the use of designated subcommittees authorized to approve awards up to a specified dollar ceiling. Finally, the Committee encourages both the National Research Institutes and the Centers for Disease Control to evaluate possible mechanisms to provide the earliest possible advance notice to the extramural research community (including industry) con-

cerning the future release of solicitations, particularly in the case of projects that will require collaboration between multiple institutions, investigators, or research facilities. The Committee anticipates that a targetted outreach effort, including early advisories to the research community concerning solicitations in development, could permit interested applicants to begin consideration and formulation of their overall research plan and possible collaborative needs prior to formal release of the request for applications or proposals.

In general, the Committee encourages the development of review procedures and support systems that will give grant, contract and cooperative agreement managers and staff, particularly within the NIH, the means to select appropriate peer-review panels and commence technical evaluation of proposals as rapidly as possible. Specifically, the Committee urges Directors of the National Research Institutes to evaluate whether formation of peer-review panels can be initiated upon receipt of letters of intent. In the case of grants, contracts and cooperative agreements requiring the participation of multiple investigators or institutions, the Committee encourages an evaluation of solicitation procedures that would permit submission of specific components of the total proposal or bid in discrete sections with staggered due dates.

The Committee recognizes that expedited review and evaluation of solicited proposals will require additional personnel and facilities and intends that the Secretary will provide the resources to meet this need. The Committee also recognizes that the procurement of biomedical research varies in complexity according to the specific research goals set forth. Therefore, the Committee does not expect that all solicitations will result in decisions within the specified timeframe of six months and has provided for exceptions in the case of programs and projects requiring an extended timeframe. However, it is the express intention of the Committee that every effort be made to reduce review and evaluation time to the minimum that is required to assure scientific integrity and the prudent use of research resources.

Section 106. Responses to Requests for Allocation of Funds, Space, Services or Personnel to be Used in Combatting AIDS

The Committee believes that the AIDS crisis demands the most comprehensive and rapid possible response of the federal government. The Committee recognizes that the Centers for Disease Control and the National Institute of Allergy and Infectious Disease have been assigned responsibility for coordinating the nations' public health and research efforts to curtail and overcome the epidemic. Therefore, the Committee believes that priority requests pertaining to AIDS for funds, space, services or personnel made by the Director of the Centers for Disease Control or the Director of the National Institute for Allergy and Infectious Diseases and designated a priority request should be responded to with all possible speed. The legislation provides that requests to the General Services Administration or the Office of Personnel Management designated priority requests shall be responded to within 21 days or deemed approved.

Section 108. Use of Consortia for Research and Development

It is the Committee's intention that the Secretary of Health and Human Services request the National Academy of Sciences and other appropriate non-profit institutions to conduct an evaluation of the potential need for the creation of consortium agreements or arrangements to expedite and intensify particular areas of the nation's overall AIDS research effort. In particular, the Committee urges that careful study be given to the effect that such consortia might have on the development and testing of vaccines, drugs, agents and combined treatment regimens for AIDS; antitrust implications of cooperative ventures formed between industrial companies; impact on international cooperation, including projects involving foreign governments; and the sharing of information which is proprietary to individual researchers, academic institutions or commercial entities.

The Committee urges the Secretary, or organizations conducting an evaluation at his request, to review the success of other consortium efforts that have been previously established in this country and to the extent practical, abroad, in the fields of biological and technological research.

Section 109. Information for Health and Public Safety Workers

Currently there is a large unmet need for training of health and public safety personnel at all levels with regard to AIDS. The Committee feels it is important to implement as quickly as possible a national emergency program to educate all health and public safety workers in the United States concerning the need for appropriate precautions to avoid transmission of the etiologic agent for AIDS. Since the Centers for Disease Control has already composed guidelines to be followed by such personnel and disseminated such guidelines to health departments around the country, the Committee assigns the responsibility for effecting this national program to the CDC. The Committee believes that the effort expended to educate all such health and public safety workers will have substantial rewards not only in reducing transmission of the infection but also in reducing public anxiety about the AIDS epidemic. Persons to receive this information shall include, but not be limited to: police and sheriff department personnel, fire protection personnel, correctional institution personnel, paramedics, medical, dental and allied health care providers. The Committee expects the CDC to give these guidelines to the Secretary for dissemination. The Committee is aware that the Occupational Safety and Health Administration has started work on such guidelines. The Committee expects the CDC to give these guidelines to the Secretary to provide these guidelines to the Secretary of Labor. The Committee is aware that health administrators also need AIDS education, information and technical assistance. The Committee urges the Secretary of Health and Human Services to provide information to the administrators of agencies and institutions which provide acute, long-term and hospice care for persons with AIDS and related illnesses.

TITLE II—INTERNATIONAL EFFORTS

Because AIDS is a global health crisis and a transmissible illness, the Committee believes it is in the best interest of the American people to assist other nations in their efforts to curtail spread of infection with the etiologic agent for AIDS and devise biomedical solutions to the problem.

The Committee recognizes that understanding the patterns of transmission of the etiologic agent for AIDS in other nations may result in important scientific findings that will apply to controlling the spread of infection in this nation. In addition, the Committee believes that a variety of strategies should be investigated to achieve behavior change to reduce transmisison of the virus and that special initiatives will be required in developing nations. For example, the Committee is concerned about the continuing risk that infected blood and contaminated syringes pose to certain lesser developed nations.

The Committee believes that it is also in the best interest of the American people to foster innovative applied research efforts occurring in other nations. The Committee encourages the Director of the National Institutes of Health and the Director of the Centers for Disease Control to initiate an evaluation of applied research efforts being conducted overseas, particularly efforts pertaining to the development and evaluation of AIDS treatments and vaccines, and develop a plan to provide support and assistance to projects of merit.

In general, it is the belief of the Committee that the United States should attempt to share its wealth of biomedical knowledge and expertise to other countries that request assistance in addressing the AIDS crisis. The Committee intends that the Secretary should develop an immediate plan for the creation and operation of an International AIDS Data Bank by the National Library of Medicine. The Committee encourages the Secretary, through the Director of the National Library of Medicine, to explore and evaluate existing information exchange resources as part of this effort and develop mechanisms designed to reduce duplication of effort. It is the intent of the Committee that these programs be coordinated with the State Department in a similar fashion to other programs under Section 307. Specifically, the Secretary shall inform the Secretary of State and the Administrator of the Agency for International Development of each grant made under this section.

TITLE III—PUBLIC INFORMATION EFFORTS

Section 301. National Information Dissemination Efforts

The Committee believes that an intensive national awareness campaign should be developed and rapidly implemented to inform all Americans concerning the risks presented by the AIDS epidemic. It is the intention of the Committee that the Centers for Disease Control develop and disseminate an awareness campaign that will be carried by both print and broadcast communications media. The Committee intends that AIDS awareness messages should be delivered to no less than 90% of U.S. households with a frequency of no less than 15 times over a period of six months. It is the intention of

the Committee that paid advertising be purchased to deliver these awareness messages if public service advertising does not result in the reach and frequency specified by the bill.

In addition, the Committee intends that targeted information, outreach and education programs and materials be developed for individuals whose behavior puts them at increased risk of infection with the etiologic agent for AIDS. Based on the incidence of cases reported to date, the Committee believes that particular emphasis should be given to developing, procuring and making broadly available risk reduction information for homosexual/bisexual males, intravenous drug users and their sexual partners, prostitutes, hemophiliacs, young adults, women of child-bearing age, blacks and hispanics and other subpopulations in which there is evidence of high incidence of infection with the etiologic agent for AIDS (such as prison populations or the homeless). In addition, the Committee expects that the Centers for Disease Control will identify national organizations with established ability to reach and inform school-aged children and support efforts by these organizations to develop, procure and make available AIDS information to schools, youth groups and other organizations serving youth populations and educators to prevent the spread of AIDS. The Committee intends that Indian tribal organizations are eligible to apply for support under this program.

The Committee also anticipates that community demonstration programs funded by the CDC will include projects targeted to reach homosexual/bisexual males, intravenuous drug users and their sexual partners, hemophiliacs, young adults, women of child bearing age, blacks and hispanics. It is the Committee's intention that the Centers for Disease Control expand or otherwise supplement existing toll-free AIDS informational hotline facilities and develop improved capability to handle the call volume generated when the hotline numbers are publicized by the national media, such as network television. Further, the Committee intends that the CDC arrange for the development of and provide support for a separate toll-free hotline facility to respond to inquiries from and provide referral information to health professionals and emergency services workers.

Section 302. Prevention Programs

The Committee recognizes the pressing need for education concerning AIDS. This need has been defined by the National Academy of Sciences Panel on AIDS and by the Surgeon General in his Report on AIDS. Both the NAS Panel and the Surgeon General have pointed out that in the absence of an effective vaccine to prevent infection with the virus, a public health strategy relying on education is virtually the only defense against continued exponential spread of AIDS infection. The National Academy of Sciences estimated that it would be necessary to spend about $1 billion nationwide by 1990 in order to provide sufficient sources of information so as to educate the U.S. population and thereby reduce the spread of this deadly disease. The Surgeon General has suggested that task forces should be established in every community in the

nation, in part to provide an organizational system by which to provide for widespread education surrounding the AIDS epidemic.

In hearings held by the Committee, it was estimated that as many as 1000 people per day may be newly infected with the AIDS virus. In the face of such a rapidly spreading epidemic, the Committee believes it is essential that those that are most likely to be infected be informed of this danger and given the information necessary so that they may protect themselves against this possibility. The Committee also feels that the public at large must be informed about this deadly disease with information that is scientifically accurate and medically sound. Those currently at highest risk of infection include gay and bisexual males, intravenous drug users, young minority individuals living in communities where experimentation with intravenous drugs is common, young sexually active adults, prostitutes, and the sexual contacts of all these groups. The Committee believes that children of school age also have a particular need to be educated about the dangers of AIDS. The Committee believes that AIDS education and information programs for the school-aged population are of the greatest priority. The Committee therefore intends that states specifically target the school-aged population in its use of funds under Section 2414.

This section of this bill defines a state formula grant program which is intended to provide financial resources so that states may embark on or expand vigorous AIDS information and education campaigns aimed at groups who are at highest risk of becoming infected. The Committee intends that these formula grant programs shall serve as a supplement to, not a substitute for, funds already appropriated for AIDS prevention by the states. It is required that in order for a state to receive grant funds under this program, it would be necessary to affirm an intention to do education in each community or group at highest risk. The Committee has required that in states where there is a significant problem with IV drug use that preventive education in the communities where this drug use is occurring receive particular attention.

The Committee believes that education of school-aged children is important and anticipates that States will use the funds from this formula grant to embark on programs through which to inform children with age appropriate materials about the dangers of the AIDS infection and how they may avoid becoming infected. In addition, the Committee also believes that widespread education of the population is necessary. Because the funds available for this education effort will not be unlimited, the Committee feels it is important that wise use should be made of the funds available. While mass media techniques are probably the fastest and most effective way of reaching the public in general, the Committee believes that the national information campaign also described in this report, through its emphasis on mass media, will be particularly suited to reach and the population at large. The Committee recognizes that locating those individuals who may be at highest risk may be a challenge in many states. It is assumed that state and local public health officials should be particularly knowledgeable about the location of these individuals and should play a key role in the task of defining the communities and populations in each state that are at highest risk of the AIDS infection.

Due to the anticipated difficulties of reaching populations at high risk through conventional means, the Committee believes that creative and innovative approaches to conveying information are desirable. In many communities, especially where individuals are participating in illegal behavior, it may be difficult even to gain access to those individuals who most need to hear the message. It may be important to enlist the assistance of those in the community who will be most likely to gain such access and thereby be in a position to convey the necessary information. Because of this concern about making contact with individuals at risk, the Committee wishes to give resources directly to localities for use by local governments and community based organizations. At least half of the funds allotted to states under this grant program must be passed through to local governments and community based organizations in those areas of the states where there is significant evidence of AIDS infection.

In most states that have urban areas with a significant number of infected individuals, this will mean that half of the funds allotted to the state should be passed through immediately to those cities or counties where the infection is found. The remainder of the funds should be kept by the state for appropriate education activities. Coordination will therefore be necessary between state and local public health officials to avoid duplication of effort with regard to education of high risk groups and the general public.

TITLE IV—TRAINING

Section 401. Fellowships and Training

The Committee recognizes that since the AIDS epidemic began, there has been a tremendous demand for expertise with regard to disease control. The Centers for Disease Control have been the principal source of assistance to the states which first faced this epidemic and to states which later reported significant numbers of cases of AIDS. Demand further increased as the existence of the AIDS epidemic in Europe and Africa was recognized. Health officials in countries on those continents sought to acquire knowledge from those who had accumulated the experience and skills required to address the unique problems presented by the epidemic.

Requests for training, instruction and assistance have been made to virtually every medical and scientific discipline resident at the CDC: epidemiologists, infectious disease experts, health educators, and laboratory and diagnostic workers. Unfortunately, the demand quickly outpaced the supply. As a result, the Centers have found it difficult to meet the mounting demand for assistance from states, local governments and foreign governments. The Committee intends that additional resources be allocated to the CDC expressly for the purpose of supporting training for health professionals in the detection, diagnosis, treatment and prevention of AIDS. It is hoped that this training program will create an expanded cadre of public health specialists who are equipped to assist local, state and foreign governments to curtail spread of infection with the etiologic agent for AIDS.

The pressing need for training reflects the speed at which new cases of disease are being reported as well as the growing geo-

graphic distribution of a disease that initially was detected in a handful of urban centers. Training of health personnel occurred quickly in selected urban hospitals and health institutions caring for the largest number of AIDS patients. However, as the epidemic has broadened, more institutions are in servere need of properly trained personnel. The current need for training is most acute in hospitals and health institutions which are just now beginning to care for people with AIDS and related illnesses. The Committee believes that a massive training effort in required. This effort should be made by health professions schools, academic medical centers, public and private hospitals, health departments, and health professions organizations.

The Committee anticipates that areas of training will include appropriate infection control procedures to reduce transmission of the etiologic agent for AIDS, the provision of appropriate care and treatment to individuals with AIDS and related illnesses.

The Committee expects that grants made under this section will support projects that provide continuing education to a broad range of health care workers. In the initial years of funding, the Committee expects that priority will be given to projects supporting the continuing education and training of physicians, including psychiatrists, dentists, and nurses. It is especially important that marital and family therapists, psychiatrists, psychologists, social workers and other mental health professionals become increasingly familiar with AIDS and its implications for the psychosocial and behavioral functioning of persons with AIDS and their families. Marital and family therapists, psychologists and other mental health professionals routinely provide direct services to persons with AIDS and to their significant others and work with and for human service and health care agencies that provide such services. These health care personnel must appropriately be trained to identify and understand the psychosocial and behavioral problems associated with and the implications of AIDS and to provide effective treatment. The training or marital and family therapists, psychologists and other mental health professionals is essential to the overarching goal of providing appropriate and timely health care services to persons with AIDS and to their families and to combatting this difficult public health crisis. It is important that dentists be made aware of appropriate infection control procedures and be knowledgeable of the latest techniques in the care and treatment of AIDS patients. Dentists play a critical role in the early detection of AIDS; they often see preliminary signs of the disease while performing routine dental services, or when seeing patients at semi-annual check-ups.

Section 402. Training of Health Professionals with Respect to AIDS

The Committee believes it is imperative that AIDS rapidly be integrated into curricula of health professions schools including schools of medicine, dentistry, nursing, osteopathy, public health, and allied health professions. In order for AIDS to be integrated into curricula quickly, it is necessary that faculty undertake the responsibility for schooling themselves in the necessary instruction. The Committee expects that schools which receive grants under

this section will train faculty from other such institutions and develop and disseminate curricula for other such institutions.

It is especially important that such training be initiated quickly and for those health professionals which are located in or will work in communities where there is a high incidence of infection with the etiologic agent for AIDS. The Committee places priority on those health professionals who will provide treatment for minority individuals with AIDS and on the training of minority health professionals and allied health professionals.

The Committee intends that projects funded under this subsection will be multidisciplinary efforts aimed at training faculty and developing curricula at health professions schools. The Committee also expects that priority will be given to collaborative projects involving a variety of health professions faculty, or those projects which expand upon programs established at AIDS Education and Training Centers. The Committee is also concerned that public institutions for the mentally ill may have an unrecognized problem with regard to AIDS infection.

TITLE V—SERVICE PROGRAMS

State Programs

Due to the unusual nature of AIDS infection and its sudden appearance on the medical scene, the care of people with AIDS and related illnesses has been concentrated in a small number of medical institutions throughout the country. This phenomenon has been exacerbated by the discomfort felt by many physicians in treating patients with a new and challenging disease. Fear and prejudice about AIDS has dissuaded many physicians and hospitals from participating in early care of AIDS patients.

As the number of AIDS cases has increased, it has become clear that concentrating patients with AIDS in a few institutions is no longer possible or desirable. For this reason, the Committee wishes to encourage and support increased involvement of community physicians in the care of people with AIDS and related illnesses.

The Committee believes that there is a great need for the increased availability of home and community based services in order to provide appropriate care for people who have AIDS. Hospital care for such individuals may actually place them at higher risk because of the danger of nosocomial infection. In many cases, hospital care is poor substitute for medical, nursing and support care services (homemaker services, meals on wheels, psychosocial support counseling) which are not available in the community. In addition, hospital care is generally far more costly. The Committee took careful note of testimony which compared the relative cost of providing a day of medical care in the hospital to the cost of providing a day of appropriate care at home. In New York City, the difference is ten fold, with the cost of a day of care in the hospital averaging about $800 and the cost of a day of care at home averaging about $80.

The Committee has also received testimony which compared the average life-time cost of providing care to AIDS patients in a city like San Francisco where there are extensive home and community-based medical and medical support services and a city like New

York where there are far fewer support services available. Estimates of life time costs varied by a factor of three, with much less spending where support services were available.

The Committee intends that home and community-based services established or supported under this provision will consist of team-oriented, managed care with coordination of the full specturm of home and community based services which are necessary to maintain an ailing individual outside the hospital. This managed care approach will enable the team to pay for other care and treatment services deemed appropriate. The Committee is specifically concerned about the availability of mental health and psychosocial support services. Factors which heighten the need for such services are the involvement of the central nervous system in AIDS infection, with resultant dementia and other mental health effects. In addition, infection with the etiologic agent for AIDS produces complex social consequences which produce added distress for those who suffer the illness. The Committee expects that the funds will be used to provide those home and community based services that are widely recognized as necessary for the proper care (including medical care, mental health care, psychological and material support, meals on wheels, homemaker services, etc.) and support needs of such patients. The Committee anticipates that this effort will reduce the need for hospitalization.

The funds supplied through these state grants may be spent for direct reimbursement for services, but only where no other funding source for reimbursement is available. The Committee envisions that the team which is principally responsible for providing care will reimburse for the services which the medical system traditionally does not provide reimbursement. The Committee anticipates that states will also utilize these funds to establish links between service providers to maximize the likelihood that any individual who participates in one service is likely to hear about and make use of any other needed services which are available. Outreach and referral efforts should be made to assure that individuals in need as well as health care providers are apprised of the services available.

The Committee is particularly concerned that individuals who come under care made available as a result of this provision have access to state-of-the-art experimental medical therapies. To this end, the Committee recommends the establishment of consortia or other organization structures which put community physicians in contact with research centers where such experimental protocols are available. The Committee anticipates that new and innovative forms of practice will evolve from such arrangements to provide a framework for cost effective, state-of-the-art medical therapy offered in home and community settings. The Committee takes special note of day/acute care services such as those now available at Jackson Memorial Hospital in Miami. The Committee believes that such day-care services will be a useful adjunct to community-based and home care services. It is the Committee's intentioin that experimental therapies be made available to individuals who are residing at home or in community-based residential facilities.

Though funds provided under this provision are not to be utilized for construction or renovation of facilities, the Committee has pro-

vided a waiver so that funds may be used for such purposes if this is consistent with the intent of this provision to provide for the the continuing care needs of people with AIDS in a humane and cost effective manner. In particular, the Committee notes the plan to renovate the former Public Health Service hospital in San Francisco to provide long term care for AIDS patients in the city. The Committee is supportive of such an approach and encourages the State of California to carefully evaluate the benefits of such a use of these funds.

The Committee intends that funds be available to support terminal care, especially community-based and home hospice care. The Committee believes that hospice care is a humane and cost effective approach to care of the dying. It is noted that a number of cities now have hospices that are not only providing such care but are also essentially providing homes to AIDS patients who might otherwise be abandoned. The Committee believes that hospice care should be supported by these funds except where hospices are physically located within a hospital. The Committee chooses to except such hospices only because of the added expense of providing such care in these settings.

The Committee is especially concerned about the care of infants and children with AIDS. Far too many of these infants and children have been abandoned by their parents, leaving no alternatives but to maintain them in hospitals. This is undesirable for many reasons. The Committee believes it is of the utmost importance that communities seek other methods to care for, nurture, and provide safe environments for these infants and children. The Committee intends that these infants and children shall receive appropriate medical treatment. The Committee is supportive of other efforts to establish hospices for such infants and children and encourages innovative approaches for delivery of care and other needed services, including schooling.

TITLE VI—RESEARCH

Section 601—Improving the Capability of the National Research Institutes to Combat AIDS

The Committee believes that it is essential to accelerate and expand the nation's basic biomedical and clinical research program on AIDS. To accomplish this, a National Program for AIDS Research shall be created within the National Institutes of Health with the National Institute for Allergy and Infectious Disease assigned primary responsibility for the program. An AIDS Advisory Board shall be established within the National Institutes of Health.

The Committee intends that the Director of NIAID, in consultation with the advisory council of NIAID, shall assume responsibility for creation of an expanded and intensified research effort on the cause, treatment and prevention of AIDS. It is the Committee's belief that this effort should include coordination with existing federal efforts to achieve an intensified education and outreach effort for health and allied health professionals concerning the detection, diagnosis (including laboratory assay systems), treatment, and prevention of AIDS. The Director, in conjunction with the Directors of the other national research institutes, shall be responsible for pro-

moting coordination of the research program with other Federal agencies, state, local and regional public health agencies, community based organizations and private entities, as appropriate.

It is the Committee's intention that the Director of NIAID shall prepare a report each year for submission to the Secretary that summarizes funds spent, evaluates the progress in AIDS research, outlines areas of research to be conducted in the future, and contains recommendations for other activities deemed needed by the Institute.

Section 447A. Special Authorities of the Director of NIAID

The Committee intends that the research program conducted by NIAID shall give special emphasis to the development and evaluation of treatment for AIDS and related illness and the development and evaluation of potential AIDS vaccines. In addition, the Committee believes that special attention should be given to the development of programs and innovative clinical testing systems that will make the most promising experimental treatments for AIDS and related illness available as rapidly as possible to patients facing the more serious forms of disease resulting from infection with the etiologic agent for AIDS. In particular, the Committee urges the Director of NIAID to evaluate systems which will permit community-based physicians to become more actively involved in the design and conduct of experimental drug and treatment trials. It is the Committee's view that special study should be given to the creation of networks or other cooperative arrangements which will permit community-based caregivers to affiliate with academic medical centers engaged in the study of the newest drugs and agents being investigated for the treatment of infection with the etiologic agent for AIDS and resultant immune disorders. The Committee believes that the expanded involvement of community-based physicians in drug and treatment trials will not only improve access to potentially life-saving therapies for people with AIDS and related conditions, but may also have the effect of reducing overhead expenses incurred in the conduct of experimental research. The Committee further urges the Director of NIAID to evaluate the design and development of local and regional outreach efforts to community-based physicians in order to educate primary caregivers in the proper administration of drugs and agents proposed for experimental study, expert monitoring of trial subjects for toxicities and undesirable side effects, and techniques for patient selection and enrollment required, for the scientific evaluation of trial results. The Committee encourages the Director to explore possible methods of developing such community-based programs as satellite or extension programs of the existing AIDS Treatment Evaluation Units or AIDS Clinical Study Groups to be funded by the NIAID. In carrying out such efforts, the Director of NIAID shall consult with the FDA Commissioner.

The Committee intends that the Director of NIAID shall have the resources and ability to contract or otherwise arrange for the production or purchase of drugs and other agents that the Institute deems should be investigated as treatment for AIDS and related illnesses. In addition, the Committee intends that the Director shall have the ability to procure biologic materials that may be needed

to expedite the development and evaluation of candidate vaccines for AIDS. In light of the urgency of the AIDS epidemic, the Committee believes that the Director should have the ability to rapidly procure drugs, agents and biologic materials from whatever sources the institute deems necessary, including industrial companies and overseas research facilities. The Committee believes that the Director should also evaluate and actively pursue opportunities for collaborative research, whether basic or applied, with industrial companies and foreign researchers.

It is the intention of the Committee that the Director of NIAID shall have the authority to make grants or contracts for the renovation of laboratories and facilities that will permit expedited and expanded screening and evaluation of drugs, agents and candidate vaccines for AIDS, including facilities for animal test systems. In addition, the Committee intends that the Director may make grants or contracts for the renovation of facilities that will permit expanded and expedited clinical evaluation of treatments and vaccines for AIDS. The Committee is particularly concerned that the Director have the ability to lease space adjacent to existing NIH facilities that may be needed to house important intramural research efforts.

Section 447B. NIH AIDS Advisory Board

In order to promote an integrated national research effort, the Committee intends that an AIDS Advisory Board be established within the NIH. The Committee expects that this Board shall conduct an independant evaluation of the nation's overall research effort pertaining to the AIDS epidmic and make recommendations for improving, expanding or expediting this effort. In particular, the Committee intends that the Board shall endeavor to identify promising avenues of research; approaches to therapy and vaccine development; systems for improved delivery of patient care and treatment; and strategies for prevention of the spread of infection with the etiologic agent for AIDS that require additional resources or support. The Committee intends that the Board shall be provided with two professional staff members (including an Executive Director), office space, and reasonable support resources to gather information and data that will allow the Board to make an independent and informed assessment concerning needs in AIDS research and to formulate recommendations for future action.

The Committee intends that the board or its staff, in consultation with the Director of NIH, shall have the opportunity to communicate with and request information from other federal agencies involved in AIDS research and prevention in order to formulate its recommendations.

The Committee actively encourages the Board to seek the input and advice of other NIH Boards and Councils, extramural researchers, health professionals, public health officials from the States and local governments, and representatives of the populations in which there is a high incidence of AIDS cases. In particular, the Committee believes that a broad base of support among qualified professionals and populations most affected by AIDS will be useful in carrying out research projects that require the participation of large

numbers of volunteer subjects (e.g. final phases of experimental treatment trials, vaccine testing).

Section 447B. National AIDS Research Centers

The Committee intends that the Director of NIAID, in consultation with the Advisory Council of NIAID, shall enhance and expand its program of support to qualified medical centers to permit both basic and clinical study of AIDS, its pathogenesis, treatment, care and prevention. In particular, the Committee urges the Director to evaluate the need for increased support for the research infrastructure within institutions actively engaged in AIDS research that are recipients of NIH grants or participants in NIH contracts or cooperative agreements. In selecting institutions that will receive federal support to function as designated AIDS research centers, the Committee believes that preference should be given to those institutions which demonstrate the ability to collaborate with community-based health care providers and other local organizations serving populations in which there is a high incidence of AIDS cases. The Committee anticipates that centers with existing AIDS Treatment Evaluation Units or AIDS Clinical Study Groups will be likely institutions to receive the designation of an AIDS Research Center.

The Committee encourages the development of programs that will permit the AIDS Research Centers to serve as local and regional resources for the education of health and allied health professionals and other workers (such as emergency services personnel) who require access to up-to-date and reliable information on AIDS and the trasmission of the etiologic agent for AIDS. The Committee urges the Director of NIAID to work collaboratively with the Director of the CDC in formulating programs to meet these education and informational needs and minimize duplication of efforts.

Section 447D. Associate Director for Prevention

The Committee believes that the NIAD can make a significant contribution to research on varied approaches to preventing the spread of AIDS infection. The Committee urges the new Associate Director for Prevention to make such research a high priority.

The Committee notes the outstanding work done under the direction of the new Associate Director for Prevention in the other Institutes especially the NCI and NHLBI. The Committee believes the same level of contribution is possible by NIAID if emphasis is placed in this direction. The Committee intents that an Associate Director for Prevention be appointed within the NIAID to identify promising areas of research regarding the prevention of AIDS and to coordinate risk-reduction, health promotion, disease prevention activities within the Institute and serve as a liaison to other agencies, centers and institutes involved in the development and delivery of AIDS prevention, education and information programs and services.

Section 447B. Virus and Serum Bank

The Committee intends that the Director of NIAID shall establish a virus and serum bank to facilitate basic research, treatment

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and vaccine research, and clinical and epidemiologic studies of AIDS. It is the Committee's belief that this facility can serve as a ready resource for standardized research materials to be made available to intramural and extramural researchers, industrial companies and foreign scientists and governments.

Section 602. National Research Service Awards

The Committee believes that the usual mechanism which has been utilized by the National Institutes to recruit and train more young researchers is appropriate for approaching this new epidemic and anticipates that both individual and institutional National Research Service Awards will be given to contribute to the process of launching a new generation of medical researchers well versed in the existing body of scientific knowledge with regard to AIDS and prepared to spend their careers solving the mysteries of the virus and the disease it causes. The Committee intends that the National Research Service Awards under this act should not be included in the count of primary medical care service awards as required in Section 487(d)(3).

Section 603. Drug Abuse Research

The Committee believes that prevention efforts in IV drug using populations are essential to curtailment of the spread of the AIDS epidemic. IV drug users, through their partners, serve as the principal conduit for transmission of AIDS infection spreading to the heterosexual population. IV drug users' sexual contact with spouses and other partners can result in AIDS infection during pregnancy and transmission to newborn infants. The problem of IV drug use in minority communities is particularly vexing and is the principal reason the disproportionate number of young minority youth are manifesting AIDS infection. The Committee feels it is of the highest priority to focus attention on this problem and to establish multiple innovative programs through which to attempt to solve the problem of experimentation with IV drugs in such communities. The Committee directs the National Institute of Drug Abuse to support innovative approaches to reducing transmission of AIDS infection in the populations given to experimenting with IV drugs. The importance of this mission can not be overstated. It is the Committee's view that particular attention should be given to developing and evaluating alternative programs of treatment for intravenous drug users that will have the effect of eliminating their dependence on illicit drugs.

V. Hearings

The Committee held three hearings on the AIDS crisis on April 16, 1986, January 15, 1987, and May 15, 1987. Summaries of the testimony at these hearings follows:

HEARING ON ERADICATIONS AND PREVENTIONS OF AIDS APRIL 16, 1986

The American Hospital Association

Representing 5,600 health care institutions and 40,000 personal members, the AHA expressed concern over the increasing finanical pressures being placed on hospitals due to treatment of AIDS patients. In particular, they stated that federal budgetary constraints were creating pressures to limit Medicaid expenditures to hospi-

tals. The Association stressed the maintenance of federal funding for AIDS education, treatment, and research.

The American Medical Association

The AMA strongly supports government funding for stepped-up basic and clinical research concerning AIDS. Noting however, that no scientific breakthrough is likely before 1990, the AMA concluded that the only means of stopping the spread of AIDS is through behavior modification resulting from education about AIDS and its modes of transmission.

The AMA further recommended that if spending reductions are made in federal health programs, agencies must be given the flexibility to allocate cuts so that essential AIDS research is not affected. They stressed the need for more research to develop appropriate therapies and to document their clinical usefulness.

J. Jarrett Clinton, M.D., Deputy Assistant Secretary of Defense For Professional Affairs and Quality Assurance, Department of Justice

The Department of Justice initiated an HTLV-III and AIDS surveillance program, both of potential recruits and of active duty personnel. In July 1985, the military blood collection organization initiated HTLV-III screening of all blood donations, concurrently with similar efforts in the civilian community. As of August 1985, all applicants for enlisted service began to be screened for HTLV-III antibody prior to entry on active duty. Those who screen positive on at least two FDA approved enzyme immunoassay (ELISA) and had a positive immunoelectrophoresis (Western blot) were no longer eligible for military service.

As of October 1985, Active Duty and Reserve component military personnel began to be screened for the presence of HTLV-III antibody. Individuals who were antibody positive but manifest no evidence of progressive clinical illness nor immunological deficiency were retained in the military service.

Harvey Fineberg, M.D., Ph.D, Dean, Harvard School of Public Health

Dr. Finebery noted that although we cannot cure AIDS at this time, we presently know enough about the disease to take effective action today. He stressed the need for a massive education campaign aimed at both the general public and highrisk groups. Dr. Fineberg encouraged the Committee to utilize creatively designed communication techniques similar to those of a private corporation marketing a new product.

While Dr. Finebery stated that S. 1430, introduced by Senator Moynihan, and legislation drafted by Senator Kennedy were important steps in the right direction, he argued that the proposed annual authorizations should be substantially increased and authority should be granted to purchase radio and television time for the purpose of public education.

Dr. Anne Scitovsky, Chief, Health Economics Department, Palo Alto Medical Foundation and Research Institute

At the request of the Centers for Disease Control, estimates were made on the nationwide medical care costs of AIDS in 1985, 1986, and 1990. For 1985 the median estimate was $517 million. Dr. Scitovsky's best estimate for 1986 was $870 million utilizing the low CDC estimate and $1 billion using the high CDC estimates. Dr. Scitovsky refrained from giving the estimates for 1990.

Noting that some of the cost estimates were too high, Dr. Scitovsky nonetheless concluded that the AIDS epidemic imposes a severe strain on the medical resources of those metropolitan centers where the epidemic has been concentrated so far. She strongly supported Senator Kennedy's proposal which would seek to encourage the development of comprehensive outpatitent services for persons with AIDS. From her observations in San Francisco, Dr. Scitovsky stressed the feasibility of this proposal, not only in terms of cost reduction but also in regards to provision of more humane treatment of AIDS patients.

Barabra Lautzenheiser, Consultant, Trans America Occidental Life Insurance Co.

Testifying on behalf of the Health Insurance Association of America (HIAA), Ms. Lautenheiser stated that due to the uncertainties that AIDS poses for the insurance industry, AIDS antibody tests are a "reliable tool" on which to base the assessment of risk. Referring to state legislative trends that would prohibit insurers from using such tests, Ms. Lautznheiser warned that such action would allow high-risk individuals to purchase insurance without paying adequate premiums. This could lead to low-risk individuals "subsidizing" those at higher risk, and could result in health insurance becoming unaffordable. She went on to assure the committee that the industry would protect the confidentiality of all AIDS-related information.

Ms. Lautzenheiser also expressed industry support for federal legislation that would encourage states to establish qualified risk pools for people considered uninsurable in the individual insurance marketplace.

Dr. Donald Ian MacDonald, Acting Assistant Secretary for Health, Public Health Service, U.S. Department of Health and Human Services.

Accompanied by the AIDS coordinators for the various PHS agencies (including ADAMHA, CDC, FDA, NIH, and HRSA), Dr. MacDonald outlined the activities by the PHS to prevent and control AIDS. The stated goal of the PHS program is to eliminate transmission of HTLV-III/LAV infection by the year 2000, with a decline in the incidence of AIDS thereafter. To accomplish their goal, the PHS outlined three objectives. The first, to continue efforts to clarify the epidemiology and natural history of the disease, has lead to informative studies of family members of AIDS patients and health care workers. The second objective is to implement a major public education effort. Public education programs have been and continue to be the most effective way to prevent and control

AIDS. Guidelines on the Prevention of AIDS were designed which cover such areas as the screening of donated blood as well as preventing AIDS in correctional facilities.

The third objective involves the expansion of research efforts to develop effective thereapies and a vaccine. One such effort noted was the plan by the NIH to fund ten AIDS treatment evaluation units at medical centers around the country to test the most promising agents arising from preclinical development efforts.

Nathan Smith, Immediate Past President, National Hemophilia Foundation

Mr. Smith presented testimony as both an individual born with hemophilia, and a hemophiliac diagnosed with AIDS. The most recent data (dated April 1986) revealed that one in every 135 individuals with hemophilia has contracted AIDS, and furthermore that 90% of persons with severe hemophilia have been exposed to the HTLV-III virus. It is further estimated that unless preventative measures are utilized, 1-5% of sexual partners of hemophiliacs will become HTLV-III positive each year.

Jeffrey Levi, Director of Governmental and Political Affairs, National Gay and Lesbian Task Force

Placing in perspective the impact AIDS has had on the gay community, Mr. Levi expressed concern over AIDS-related discrimination in areas such as employment, housing, insurance, and within the health care profession itself. Noting the response on the part of the gay community to the AIDS crisis, in particular the efficacy of education as a preventative tool, Mr. Levi stressed the need for federal assistance to expand educational efforts.

Mr. Levi urged the committee to consider the necessity of assuring adequate funding for scientists and public health officials, as well as the expansion of clinical drug trials, education programs, and epidemiological studies. In conclusion, Mr. Levi stressed the need for the assurance and expansion of availability of home care and other nonhospital care for AIDS patients.

Helen G. Kushnik, Member of the Board of Directors, American Foundation for AIDS Research

Having lost a 3-year-old child to AIDS contracted from blood transfusions, Mrs. Kushnik spoke of the discrimination encountered by her family in such areas as insurance and schooling. She expressed concern for AIDS patients in lower incidence states, and was further critical of certain Governmental agencies for not utilizing educational media to properly inform the public about AIDS.

Mrs. Kushnik condemned the Government's reliance on the HTLV-III antibody test, arguing that the money spent to administer and process this test would be better spent in finding a more specific test. In conclusion, Mrs. Kushnik urged the administration to form a Presidential commission on AIDS in order to educate the public through proper channels such as the National AIDS Network of community organizations and the American Foundation for AIDS Research, two groups representing the private sector.

HEARING REVIEWING FEDERAL EFFORTS BEING CONDUCTED TOWARD COMBATTING THE AIDS EPIDEMIC—JANUARY 16, 1987

David Baltimore, Ph.D., Director, Whitehead Institute for Biomedical Research, Professor of biology, Massachusetts Institute of Technology

As Co-Chairman of the IOM/NAS Committee on a National Strategy for AIDS, Baltimore and his colleagues advocated that $1 billion dollars annually be appropriated for AIDS research by 1990. The problems caused by AIDS are multifaceted ones and can not be dealt with by a single entity. These funds would be used toward a national effort, involving the private as well as the public sector and would support both scientific research and public education.

The Committee also recommended the creation of a National Commission on AIDS. Dr. Baltimore stated "The commission would monitor the course of the epidemic; evaluate research, health care and public health needs; encourage federal, state, philanthropic, industrial, and other sectors to participate; stimulate involvement of academic scientists; and generally track the epidemic and work to stem it so as to make recommendations for better deployment of the resources demanded by the sweep of the problem."

Sheldon M. Wolff, M.D., Chairman Department of Medicine, Tufts University School of Medicine, and Physician-in-Chief, New England Medical Center Hospital

Dr. Wolff expressed concern over the lack of federal action in areas of education to diminish the number of new AIDS cases. As Co-Chair with Dr. Baltimore, Dr. Wolff supported the $1 billion dollar appropriation for research, and asserted that the education efforts would also requiare that level of spending by 1990. He pointed out that research and social services would cost significantly less in terms of preventing new AIDS cases than the yearly cost of caring for AIDS patients.

Dr. Wolff also cautioned against ignoring the international AIDS problem, and emphasized the United States' responsibility to help other countries which do not have the massive health resources available to us.

Anthony S. Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases, Coordinator of AIDS Research, NIH, PHS, and HHS

Mr. Fauci testified that, with the help of modern technology, as soon as AIDS was recognized as being caused by a specific virus which attacks the human immune system, the NIH is working to develop a vaccine. Although significant advances have been made in the areas of pathogenesis of the disease, the nature of the causal agent and the factors important in the immune response of the host, Dr. Fauci was not optimistic that a safe and effective vaccine would be available for widespread use in the near future.

David W. Martin, Jr., M.D., Vice President Research Genentech Inc.

Speaking on behalf of a leading biotechnology company pursuing development of an AIDS vaccine, Dr. Martin noted that a major scientific obstacle in producing a vaccine is the "virus variation

problem" stemming from the existence of multiple strains of HIV. The other barriers to vaccine development include the expense of clinical trials, the unknown market size, and the potential for large awards in product liability cases stemming from the uncertainty regarding possible side effects.

Dr. Martin supported Congressional actions to increase funding for serotyping programs, establishment of a central repository of AIDS virus isolates and patient sera, tort reform to establish fault-based products liability, and making a vaccine against HIV compulsory for the general population.

Samuel L. Katz, M.D., Professor and Chairman, Department of Pediatrics, Duke University School of Medicine

Dr. Katz discussed selected issues in the development and use of an AIDS vaccine, emphasizing that we have no previous experience with the prevention of human infection due to retroviruses. For this reason, the eventual vaccine strategies for prevention of human infection will be conclusively determined only by studies in man, and as such, will necessarily raise ethical, legal, and social issues.

Dr. Katz urged critical government intervention in the area of liability reform, suggesting federal and/or state development of legislation to establish an equitable, reasoned approach to compensation and liability for alleged vaccine-related injury. Dr. Katz endorsed the mobilization of funds to support AIDS vaccine research efforts, but stressed that the necessary of funds must not be reallocated from other essential research programs.

Jonathan M. Mann, M.D., M.P.H., Director, Special Programme on AIDS, World Health Organization

Stressing the global nature of AIDS as a major health problem for both the developed and developing world, Dr. Mann stated that as of January 5, 1987, 37,872 AIDS cases were reported to the WHO from 85 countries representing all continents. He said that Africa is clearly the most affected part of the world, with a minimum estimate for the continent of 2 million HIV-infected persons and 10,000 to 20,000 cases of AIDS annually. The dominant mode of HIV transmission in Africa varies from the rest of the world in that it involves heterosexual transmission.

The WHO estimated that worldwide there have been over 100,000 cases of AIDS since the beginning of the epidemic and that 5–10 million persons may be infected throughout the world. By 1991, it is conservatively expected that there may be 50 to 100 million infected persons, although if the virus penetrates the large populations of Asia and South America the numbers will grow. In conclusion, Dr. Mann stressed the need for substantial funding for the WHO to enable global AIDS prevention and control.

Robert E. Windom, M.D., Assistant Secretary for Health, Department of Health and Human Services

According to Dr. Windom, the war on AIDS has become the number one health priority of Department of Health and Human Services. The 1988 fiscal budget outlined by the President contains a 28% increase for the Public Health Service AIDS activities, bring-

ing the total to slightly more than half a billion dollars. Dr. Windom estimated that 1 to 1.5 million Americans may be infected with the disease, and stated that the Public Health Service has instituted many programs to combat the growing problem.

He stated that although research is important and the quest for a vaccine continues, the PHS is concentrating on limiting the spread of the disease. During this fiscal year, 1987, $79.5 million is being used for a comprehensive information and education plan. Dr. Windom outlined some of the programs implemented by the PHS including a 24 hour AIDS hotline, PHS Guidelines on AIDS, and a mass media campaign with the Red Cross. The PHS also sponsored the first and third International Conference on AIDS.

HEARING ON MAY 15, 1987 EXAMINING WHAT CAN AND SHOULD BE DONE TO EDUCATE AND PREVENT THE SPREAD OF AIDS

Dr. Robert Redfield is a physician scientist from Walter Reed Army Hospital. He is recognized as an outstanding AIDS researcher and an authority on heterosexual transmission of the AIDS virus.

Dr. Redfield stated that the testing of Army recruits indicates that the ratio of male/female cases is much lower (2.5/1) than in reported AIDS cases (13/1). In metropolitan areas the male/female ratio ratio approached 1/1. Prevalence rates also varied by geographic locale (rates ranged from 4.2/1000, New York; 3.7/1000, Maryland; 3.3/1000, New Jersey; 2.3/1000 Delaware; 2.0/1000, California; 2.0/1000, Florida; 1.8/1000, Texas). In addition HIV prevalence increased almost linearly with age (0.5/1000 for 17–20 yrs., 2.4/1000 for 21–25 yrs., 4.4/1000 for 26–30 yrs., 3.8/1000 for 30+).

Dr. Redfield cited Dr. Fischl's study in which 11/27 women married to men with AIDS and 4/9 men married to women with AIDS became infected within a 6–18 month followup period. Of 16 couples who continued to engage in unprotected intercourse, 13 infected their partners. In Dr. Redfield's own 50% of 45 patients with symptomatic AIDS were married, and 50% of asymptomatic spouses were infected (12/27) wives married to men with symptomatic retroviral infection were infected and 3/7 men married to women with transfusion related AIDS were infected).

Dr. Redfield recommended routine, voluntary testing so that no individual will unknowingly transmit AIDS to another person.

Dr. James O. Mason, Director, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services

Dr. Mason outlined the activities of the CDC to combat AIDS. He stated that to date more than 35,000 cases of AIDS have been reported and 20,000 of these patients have died. By 1991, it is expected that the number of AIDS cases in the United States will reach 270,000 with a death toll of nearly 180,000. To combat AIDS the CDC has instituted measures to protect the blood supply by instituting alternate test sites with testing and counseling for those who believe they may have been exposed to AIDS. The CDC also developed the "Information/Education Plan to Prevent and Control AIDS in the United States" which targets audiences—and effective

strategies—for educational programs. They instituted a national AIDS hotline and will launch a national public information campaign this fall.

In addition, the CDC will provide fiscal support and technical assistance to about 10 State and 12 local education agencies in areas with the highest incidence of AIDS to coordinate with the Department of Education in comprehensive school health education programs. They will work with national, state, and local organizations in order to train educators to develop and implement effective AIDS education. Further educational and training efforts will be directed to health care providers, program coordinators, AIDS health educators, and AIDS antibody test counselors.

Dr. Margaret A. Fischl, Medical Director of the Comprehensive AIDS Program and AIDS Clinical Research Unit at the University of Miami Medical Center.

Florida has had the third largest number of AIDS cases in the United States and the fifth largest number of cases per STA (Standard Metropolitan Statistical Area). The University Medical Center has served as a primary care facility as well as a tertiary care referral center. It has engaged in development and testing of new drugs and therapies and estimates that by 1989 more than 50% of its resources will be directed to the care and treatment of patients with AIDS. The average cost per patient over a 2 year period was $125,000.

The medical center developed an outpatient ambulatory program and day treatment center, utilized community resources, community hospitals and physicians to decrease the need for in-hospital stays and cut the average cost per patient almost in half. Increased funding is needed for: the development of comprehensive AIDS research programs, community technical assistance, education and training of basic science and clinical personnel, network programs with other national and community organizations, and dissemination of new investigative information to the public.

Dr. William A. Haseltine is a researcher at The Dana-Farber Cancer Institute and on the faculty of Harvard Medical School, and Harvard School of Public Health

Dr. Haseltine described research and development of antiviral drug therapy and genetic engineering designed to destroy the ability of the HIV retrovirus to replicate.

Dr. David Werdegar is the Director of The San Francisco Department of Public Health

Dr. Werdegar testified that San Francisco has had 3,190 AIDS cases with 1,906 deaths, and currently over $13 million of the city's budget is appropriated for AIDS services. San Francisco has implemented a comprehensive AIDS program that provides clinical services in the acute and subacute care settings utilizing outpatient settings for a more cost effective delivery of care. The city has used state and federal funds for education, testing and counseling, substance abuse programs, and research and clinical trials of experimental drugs.

The focus of the health service program has been to provide humane care at the most appropriate level of treatment, and the use of alternative settings has reduced health costs. The average cost of care to an AIDS patient, over their life from the date of diagnosis is $50,000 or less. Since the federal reimbursement structure reimburses fully hospital-based acute care but does not adequately reimburse non-hospital care, it needs be adjusted to cover lower levels of care, (outpatient treatments, home care, and skilled nursing facility care) so that cost-effective strategies will not be penalized. Dr. Werdegar also recommended expanding voluntary confidential testing and education programs. He stated that additional funds are needed for education and training of health workers, and for the establishment of regional research centers to ensure the collaboration of scientists, epidemiologists, clinical investigators and the physicians and nurses most directly involved in AIDS care.

Dr. Stephen Joseph is the New York City Commissioner of Health

Dr. Joseph testified that New York City has had over 10,000 AIDS cases with 6,000 deaths. AIDS is the current leading cause of death in New York City among men age 25–44, and women 25–29. There has been a sharp increase in AIDS cases among IV drug abusers (32%), and 60% of New York's estimated 200,000 heroin users are thought to be HIV-infected. He stated that IV drug abusers have been the major source of the spread of HIV infection to women and children, with a major impact on minority communities. The average lifetime cost of hospitalization for AIDS cases is estimated at between $60,000 and $75,000. The projected budget in New York City for Fiscal Year 1987 is $385 million ($98 million in city funds). By 1991, New York City expects to have over 40,000 AIDS cases with 30,000 deaths.

To combat this public health crisis Dr. Joseph recommended increased federal support for massive public health education, an advertising campaign that utilizes print and broadcast media, and increased funding for voluntary testing and counseling, treatment, and continued research.

Milton Gossett, Chairman of Saatchi and Saatchi Compton Worldwide (an advertising company)

Mr. Gossett recommended a paid national advertising program to educate people about AIDS prevention that would target single women and men ages 18–34, adolescents, and minorities. He stated that paid advertising would assure control over frequency and air time of advertisements. New York Life Insurance—in partnership with other insurers—has committed the first $1.5 million for paid advertising which should cover 3 months or more of a year-long city campaign that is estimated to cost $6 million. A national campaign with emphasis on high incidence cities would cost approximately $50 million for the first year.

Peter Ungvarski, R.N., is the Director of the AIDS Program of the Visiting Nurse Service of New York

Mr. Ungvarski testified that the Visiting Nurse Service of New York AIDS Program provides the following services: professional nursing assessment, care and case management; home attendant or

home health aide services; continuous nursing care at home in certain cases, by an RN or LPN; medical social work services; physical, occupational, and speech therapy, when indicated; interfacing with the primary physician and hospital staff in the planning of care and case management; education for professional and paraprofessional staff; nursing consultation on problem cases or in crisis situation.

According to Mr. Ungvarski, the benefits of home care for AIDS patients include: maximum emotional support in comforting surroundings, optimum independence and dignity, involvement of friends and family in care, an appropriate continuum of care in the least restrictive setting, and reduced costs. The average cost for care of a person with AIDS was $81.40/day under the home care program. The average cost for hospital care for AIDS patients was $800/day. He stated that a coordinated plan of care should only involve the hospital for acute/intensive care needs, bringing is specialized services when needed. Mr. Ungvarski suggested increased federal funding for the education of health care workers and adjustments in medicare requirements and medicare hospice benefits.

VI. Committee Action

The following four amendments were offered by Senator Weicker. Each was incorporated into the bill by unanimous consent preceeding the final vote on S. 1220.

1. On page 58, line 12, strike the "." and insert in lieu thereof the following: "and the Surgeon General."

2. On page 24, line 21, strike the "." and insert in lieu thereof the following: "and comment prior to the submission of the application."

3. On page 3, between lines 3 and 4, add the following new paragraph:

> "(5) the Centers for Disease Control, as required under Sec. 2401 of the Public Health Service Act."

4. On page 26, between lines 10 and 11, add the following new section:

ANNUAL REPORT

> Sec. Each state shall report to the Secretary annually on activities conducted with funds provided under this part of the Public Health Service Act.

Senator Mikulski offered an amendment to establish an emergency program to inform all public health and safety workers within 90 days concerning the need to adhere to infection control procedures to minimize the risk of transmission of the acquired immune deficiency syndrome virus. After some discussion concerning which agency would have responsibility for setting the standards for appropriate infection control, the amendment was also incorporated by unanimous consent. The final language of this amendment as agreed upon follows:

At the end of title I, add the following:

INFORMATION FOR HEALTH AND PUBLIC SAFETY WORKERS

SEC. 109. (a) Within 90 days after the date of enactment of this Act, the Secretary of Health and Human Services, through the Director of the Centers for Disease Control, shall develop and implement an emergency program to disseminate information to all health workers, public safety workers, and emergency service workers in the United States concerning methods to reduce in the workplace the risk of becoming infected with the human immunodeficiency virus. The information disseminated under this section shall be based on guidelines issued by the Directors of the Centers for Disease Control.

(b) The Director of the Centers for Disease Control shall transmit the guidelines issued under subsection (a) to the Secretary of Labor. The Secretary of Labor shall use such guidelines as the basis for a standard which such Secretary procedures established by such Director to minimize the risk of transmission of the acquired immunodeficiency syndrome virus.

VII. VOTES IN COMMITTEE

The final vote on the bill which was a committee amendment in the form of a substitute, as further amended during the mark-up was by roll call. With proxies, 15 members of the Committee voted unanimously to report the bill from Committee.

VIII. COST ESTIMATE

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, July 16, 1987.

Hon. EDWARD M. KENNEDY,
Chairman, Committee of Labor and Human Resources, U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the attached cost estimate for S. 1220, the Acquired Immunodeficiency Syndrome Research and Information Act of 1987, as ordered reported by the Senate Committee on Labor and Human Resources on June 17, 1987.

If you wish further details on this estimate we will be pleased to provide them.

With best wishes,
Sincerely,

EDWARD M. GRAMLICH,
Acting Director.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

1. Bill number: S. 1220.

2. Bill title: Acquired Immunodeficiency Syndrome Research and Information Act of 1987.

3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on June 17, 1987.

4. Bill purpose: This bill would provide additional funding for research, education and prevention of Acquired Immune Deficiency Syndrome (AIDS).

5. Estimated cost to the Federal Government:

	1988	1989	1990	1991	1992
ESTIMATED AUTHORIZATION LEVELS					
Title I:					
Public Health Emergency Fund	30	30	30	30	30
Additional FDA, NIH, and CDC Personnel	100	105	110	.....	.....
Technical Assistance	1	1	1	.....	.....
Title II: Support of International Efforts	50	53	55	.....	.....
Title III:					
National Information Programs	115	119	124	.....	.....
State Prevention Programs	150	156	162	.....	.....
Technical Assistance	1	1	1	.....	.....
Title IV:					
Fellowships and Training	20	21	22	.....	.....
Continuing Medical Education	4	4	4	.....	.....
Training to Provide Care for AIDS Patients	11	12	12	.....	.....
Title V:					
Health Services	100	105	111	.....	.....
Technical Assistance	1	1	1	.....	.....
Title VI:					
AIDS Advisory Board	(1)	(1)	(1)	(1)	(1)
Associate Director for Prevention	(1)	(1)	(1)	(1)	(1)
Virus and Serum Bank	3	3	3	3	3
Total estimated authorization level [2]	586	611	636	33	33
Total estimated outlays [2]	381	529	608	238	107

[1] Less than $500,000.
[2] Totals do not include the costs associated with the National Research Program on AIDS or the National AIDS Research Centers.

The costs of this bill would fall within budget function 550.

Basis of estimate: Most authorization levels for fiscal year 1988 are stated in the bill. For most provisions, the bill would authorize such sums as may be necessary for fiscal years 1989 and 1990. CBO has estimated these levels by inflating the 1988 amount stated in the bill. CBO has estimated authorization levels where none are provided. All authorized amounts are assumed to be fully appropriated at the beginning of each fiscal year. Outlays are estimated by CBO using spendout rates calculated on the basis of similar health service program data.

Title I of the bill would require the Secretary of Health and Human Services through the Centers for Disease Control (CDC) to develop and implement within 90 days of enactment an emergency program to provide information on infection control procedures to health and public safety workers. No authorization is stated in the bill for this program. CBO expects this provision would not result in significant additional cost to the federal government. CDC is currently reviewing its' infection control guidelines and publishing information for health care workers in the Morbidity and Mortality Weekly Report. Title I of the bill would also authorize such sums as may be necessary for fiscal years 1988 through 1990 for technical assistance to state and local governments operating AIDS-related programs. In the next fiscal year, it is estimated that states will spend about $100 million for AIDS-related activities. Using information for technical assistance within the Public Health Service,

CBO expects the cost of technical assistance to states for AIDS-related programs to be about $1 million each year.

The bill would also authorize technical assistance for grants to states provided under both Title III and Title V of the bill. No specific authorization level is stated. CBO estimates technical assistance for each of the two grant programs to be about $1 million annually.

No specific authorization level appears in the bill for activities under Title VI. Title VI would establish the National Research Program on Acquired Immunodeficiency Syndrome within the National Institute of Allergy and Infectious Diseases (NIAID). The bill outlines the program as consisting of "an expanded, intensified, and coordinated research program" and "demonstration, education and other programs for health professionals" relating to the prevention and treatment of AIDS. CBO has no basis to estimate the additional resources that might be allocated to this expanded effort.

Title VI also authorizes the director of NIAID to make grants to AIDS research centers for clinical research and training into the prevention and treatment of AIDS. No specific authorization level is stated in the bill for this activity. CBO cannot estimate the additional funding that might be devoted to these AIDS research centers. The bill also establishes a human immunodeficiency virus serotype and serum bank. NIAID estimates it would cost about $3 million in fiscal year 1988 to set up this type of bank. CBO estimates it would cost $3 million in each year thereafter to maintain the bank. Costs include salary and overhead for 33 full-time equivalents needed to operate the bank as well as costs associated with acquiring and maintaining viral stocks.

Costs associated with the Advisory Board and the Associate Director for Prevention authorized in Title VI are expected to be less than $1 million in each fiscal year.

6. Estimated cost to State and local government: States would be required to provide two-thirds of the funding for continuing medical education from nonfederal sources. If the full $4 million authorized in the bill for this program were appropriated, states would be required to provide $8 million of nonfederal funds. States would be allowed to use 5 percent of federal funds to administer prevention programs and health service programs authorized in the bill. The bill states that remaining costs of administering these programs would be paid by states from nonfederal sources.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Carmela Dyer.

10. Estimate approved by: C.G. Nuckols (for James L. Blum, Assistant Director for Budget Analysis).

IX. Regulatory Impact Statement

This legislation does not envision any specific regulatory burden to be imposed on local government or the public.

While this legislation does authorize additional spending for research, care, information and education programs to treat and prevent AIDS, the committee finds that these efforts will have the

effect of dramatically reducing future federal, state and local government expenses for the care and treatment of patients with AIDS and related illnesses.

The legislation is intended to streamline review procedures for the award of federal funds and should have the effect of reducing paper work.

X. Section-by-Section Analysis

S. 1220—Acquired Immunodefiency Syndrome Research and Information Act of 1987, as reported by the Senate Committee on Labor and Human Resources.

Section 1 cites the Act as the "Acquired Immunodeficiency Syndrome Research and Information Act of 1987.

Section 2 identifies all references in the bill as being made to provisions of the Public Health Service Act (PHSA), except as otherwise specifically provided.

TITLE I—AIDS AS A NATIONAL PUBLIC HEALTH EMERGENCY

Section 101 directs the Secretary of Health and Human Services to determine that AIDS presents a public health emergency for purposes of PHSA section 319 (Public Health Emergencies). Section 319 is amended to increase the authorization for the Public Health Emergency Fund from $30,000,000 to $60,000,000.

Section 102 requires that each year the Secretary shall transmit to Congress a report on the expenditures and accomplishments of all DHHS programs, projects, and activities relating to AIDS. The report will include the comprehensive plan for a National AIDS Information Program required by new PHSA section 2401.

Section 103 provides for the Director of the National Cancer Institute (NCI) to establish an AIDS clinical evaluation unit in the Clinical Center of the National Institutes of Health (NIH) to evaluate experimental drugs for AIDS. NIH is directed not to reduce the number of beds available for treatment of other illnesses. Funding is authorized in section 104.

Section 104 provides for the hiring of up to 690 additional employees at the Food and Drug Administration (up to 40), the National Institutes of Health (up to 300), and the Centers for Disease Control (up to 350). To carry out this section and section 103, appropriations are authorized at $100,000,000 for FY88 and such sums as necessary for FY89 and FY90.

Section 105 directs the Secretary to develop and implement a plan to expedite the award of DHHS grants, contracts, or cooperative agreements relating to AIDS. Applications in response to solicitations for proposals must be acted upon within six months. If the six-month time period cannot be met, the solicitation must specify the time period within which action will be taken, and the Secretary must so inform the Congress.

Section 106 concerns priority requests from the Director of the National Institute of Allergy and Infectious Diseases (NIAID) or the Director of the Centers for Disease Control (CDC) for allocations of space, services, or personnel to be used in combatting AIDS. Such requests to the Office of Personnel Management (OPM) or the Administrator of General Services (GSA) must be responded

to within 21 days, and if not disapproved, will be deemed to have been approved. Copies of each such priority request will be sent to the Secretary, the Assistant Secretary for Health, and (in the case of requests from NIAID) to the Director of NIH. Such officials may send comments and recommendations to OPM or GSA within seven days. The Director of the Office of Management and Budget (OMB) may not take any action to prevent NIAID or CDC from making priority requests.

Section 107 directs the Secretary to provide technical assistance to State and local governments and public and nonprofit private entities carrying out AIDS activities. Such sums as may be necessary are authorized for FY88, FY89, and FY90.

Section 108 directs the Secretary to request recommendations from the National Academy of Sciences and other nonprofit institutions on the usefulness of creating consortia of businesses and/or nonprofit research institutions involved in research and development of vaccines and drugs for the prevention and treatment of AIDS, and on the appropriate participation, if any, of the Federal Government in such resource-sharing consortia.

Section 109 provides that, within 90 days after enactment, CDC shall develop and implement an emergency program to inform all health and public safety workers in the U.S. about the need for strict adherence to CDC's infection control procedures for minimizing the risk of transmission of the AIDS virus

TITLE II—INTERNATIONAL EFFORTS

Section 201 directs NIH to make grants and provide technical assistance to international public health organizations, and to provide technical assistance to foreign governments, to promote international clinical research on vaccines, treatments, and tests for AIDS. CDC is directed to provide similar grants and technical assistance in the areas of education, technical training, and epidemiological research. The Secretary will promulgate regulations concerning grant applications. At least half of the money available for grants and technical assistance must be used for grants through the World Health Organization (WHO) and the Pan American Health Organization. Grants must further the global strategy of the WHO Special Programme on AIDS.

Section 202 directs the National Library of Medicine to establish, maintain, and operate the International Acquired Immunodeficiency Syndrome Research Data Bank. The Data Bank will be a repository of information on international AIDS research and treatment results. It is to be accessible to the public, general practitioners, and investigators in any country. The Secretary will establish a schedule of charges for users of the Data Bank from other countries.

Section 203 authorizes appropriations for this title of $50,000,000 for FY88 and such sums as may be necessary for FY89 and FY90.

TITLE III—PUBLIC INFORMATION EFFORTS

Section 301 concerns national information dissemination efforts on AIDS. It amends the Public Health Service Act by adding a new title XXIV—Acquired Immunodeficiency Syndrome, which com-

mences with Part a—National Information Programs, covering new sections 2401 through 2407.

New section 2401 provides that the Director of CDC shall annually prepare a comprehensive plan, including a budget, for a National AIDS Information Program. The plan shall include provisions to implement Part A.

New section 2402 directs CDC to establish a clearinghouse to make information on AIDS available to Federal, State, and local agencies, public and private health and education organizations, minority and community-based organizations, and the general public. The clearinghouse shall develop and obtain educational materials, curricula, and methods directed towards reducing the transmission of the AIDS virus, as well as supporting people who teach others to use such materials and conducting evaluations of such materials.

New section 2403 directs CDC to award grants and contracts to national organizations having the ability to rapidly disseminate information on AIDS to groups at high risk of infection. Funds are to be used for programs and educational materials directed at such high risk groups. Awards will be made only after a proper application has been submitted.

New section 2404 concerns community education, information, and risk reduction demonstration programs. It provides for CDC to make grants to public and private nonprofit extities, including community based organizations, to develop, establish, or expand demonstration programs for the conduct of targeted AIDS education, information, and risk reduction activities. Priority is to be given to programs and activities directed toward individuals at high risk of infection. Applicants must demonstrate that their proposed activity responds to identified needs in their area; will provide medically accurate and factually correct information; will be specifically directed to the target group; has been developed and will operate in consultation with local officials, AIDS high risk groups, and experts in health education; has continuing relationships with high risk groups and with entities serving people with AIDS; and has defined objectives and planned methods of evaluating whether the objectives are met. In awarding grants, preference will be given to community-based organizations in areas with a high incidence of AIDS or a significant increase in incidence, or in which there is a significant risk of becoming infected with AIDS virus. The Secretary may review the content of any educational or informational materials developed under these grants only for scientific and factual validity.

New section 2405 directs CDC to make grants to public and nonprofit private entities, and to award contracts to public and private entities, to develop and disseminate public service announcements and paid advertising messages on AIDS warning people about high-risk activities. At least 90 percent of American households should receive such messages at least 15 times during a six-month period. Awards will be made only after a proper application has been submitted.

New section 2406 requires the Public Health Service (PHS) to maintain a toll free 24-hour telephone hotline to provide AIDS information to the public. PHS is also required to establish and

maintain a hotline, available during normal business hours, to give medical and technical information to individuals and organizations providing care and treatment services for people with AIDS.

New section 2407 authorizes appropriations for Part A of $115,000,000 for FY88 and such sums as necessary for FY89 and FY90.

Section 302 further amends new PHSA Title XXIV by adding a new Part B—State Prevention Programs, covering new sections 2411 through 2421.

New section 2411 authorizes appropriations, for the purpose of allotments under new section 2412, of $150,000,000 for FY88 and such sums as necessary for FY89 and FY90.

New section 2412 provides for the manner in which amounts appropriated for State AIDS prevention programs under section 2411 will be allotted to the States. To receive such funds, each State must submit an application to the Secretary as required in new section 2415, and must agree to spend the funds only in accordance with new section 2414. The size of each State's allotment will be the greater of: (1) an amount determined based on the amount appropriated in any fiscal year under section 2411 (each State would receive $300,000, $200,000, or $100,000); or (2) an amount determined based on the State's population and number of AIDS cases (60 percent of the amount appropriated in any fiscal year will be alloted based on population and 40 percent based on the number of AIDS cases). If some States fail to submit an application for allotment, do not use the full amount of their allotment, or return some of their allotment after audit, the excess will be distributed to the remaining States in proportion to the amounts otherwise allotted.

New section 2413 provides that the Secretary shall make payments to each State from its allotment under section 2412; that unobligated balances may be carried over by a State from one fiscal year to the next; and that part of a State's payment may be used to pay for supplies or equipment furnished to the State, or pay and travel expenses for Government employees detailed to the State, when the State requested such supplies, equipment, or detail of personnel.

New section 2414 sets forth the activities for which a State may and may not use its allotment. Amounts paid to a State may be used for: (1) public information activities relating to the prevention and diagnosis of AIDS in communities with a significant number of high-risk individuals; (2) public information activities for the general public on AIDS prevention and diagnosis; (3) risk reduction activities, including research on AIDS prevention and control; (4) demonstration projects for AIDS prevention and control; (5) technical assistance to community-based organizations, public and nonprofit private entities, schools, and employers in developing AIDS information programs; and (6) education and training activities in AIDS prevention and control for health professionals, public safety workers, and teachers and other education personnel. Amounts paid to a State may not be used to: (1) provide inpatient services; (2) make cash payments to intended recipients of health services; (3) purchase or improve land, building, or major medical equipment; (4) satisfy Federal matching requirements; (5) provide financial assistance to any entity other than a public or nonprofit pri-

vate entity; or (6) conduct any testing for infection with the AIDS virus or conduct any related counseling. The Secretary may waive limitation (3) concerning land, buildings, and equipment upon request of a State if the Secretary finds that extraordinary circumstances justify a waiver. A maximum of 5 percent of a State's allotment may be used for administering the funds available. Any remaining administrative costs must be paid from non-Federal sources.

New section 2415 sets forth the conditions with which a State must comply when making application for its allotment under section 2412. The State must submit an application to the Secretary and certify that copies of each application will be made available for public comment and inspection prior to submission. In the annual application the Governor of the State shall certify as follows: (1) the State agrees to the requirements on the use of the funds; (2) the State agrees to place priority on activities directed towards individuals in populations and communities at high risk of contracting AIDS; (3) where a State has a high number of intravenous drug abusers, the State agrees to place priority on activities targeted at them; (4) the State agrees that information provided under this part will be scientifically accurate and factually correct; (5) in a State with a significant incidence of reported AIDS cases, the State agrees to use at least 50 percent of its allotment for grants to local governments and community organizations in areas of high AIDS incidence and to require the grant recipients to conduct activities described in section 2414; and (6) the State agrees that these Federal funds are to supplement and not supplant State, local, and other non-Federal funds available for these programs and activities.

New section 2416 authorizes the Secretary to provide training and technical assistance to States for planning, developing, and operating programs under this part.

New section 2417 requires that each State prepare and transmit to the Secretary an annual report on activities conducted with these funds.

New section 2418 requires that each State establish fiscal control and audit procedures to account for these Federal funds. Each State may choose to conduct either a biennial financial and compliance audit of the funds allotted, or a single biennial financial and compliance audit of each entity administering the funds. Copies of the audit report shall be given to the State legislature and the Secretary and be made available for public inspection. If any amounts are found not to have been expended in accordance with the requirements of section 2415, the State must repay them after opportunity for a hearing. Otherwise, the amounts will be offset against any future allotments to the State under section 2412. The Comptroller General of the United States shall from time to time evaluate the expenditures by States of allotments under this part. The Secretary shall develop model criteria and forms for data collection so States can share uniform data on provision of services provided under this part.

New section 2419 authorizes the Secretary to withhold funds from any State which does not use its allotment in accordance with the requirements of this part. The withholding may not occur until

the Secretary has conducted an investigation on the use of the allotment. The Secretary shall respond in an expeditious manner to complaints of a substantial or serious nature concerning a State's use of its allotment, but funds may not be withheld for minor failures to comply with requirements. Each fiscal year, the Secretary shall conduct investigations in several States to monitor compliance with requirements for the use of funds. The Comptroller General of the United States may conduct similar investigations. States and entities which have received funds from the allotments must cooperate with such investigations by making documentation and records available. Investigators may not make a request for any information not readily available, or make an unreasonable request for information to be compiled, collected, or transmitted in any form not readily available, except in the course of a judicial proceeding.

New section 2420 establishes criminal penalties (up to $25,000 fine or five years imprisonment or both) for false statements in connection with payments for items or services made by a State from its allotment.

New section 2421 requires the Secretary to conduct evaluations for services provided and activities carried out with these funds.

TITLE IV—TRAINING

Section 401 further amends new PHSA Title XXIV by adding a new Part D—Training, covering new sections 2451 and 2452.

New section 2451 directs CDC to establish fellowship and training programs to train health professionals to work in AIDS epidemiology, surveillance, testing, counseling, education, information, laboratory analysis, and risk reduction. Such trainees are not to be counted against the full-time equivalent ceiling for DHHS. Appropriations are authorized at $20,000,000 for FY88 and such sums as necessary for FY89 and FY90.

New section 2452 directs the Secretary to make grants to nonprofit national organizations representing health care workers for continuing medical education projects on AIDS infection control and the care and treatment of AIDS patients. Awards will be made only after a proper application has been submitted. The Federal share of such projects will be 33 percent. Appropriations are authorized at $4,000,000 for FY88 and such sums as necessary for FY89 and FY90.

Section 402 concerns training with respect to AIDS for faculty at schools for health professionals. It amends Part F (Grants and Contracts for Programs and Projects) of Title VII (Health Research and Teaching Facilities and Training of Professional Health Personnel) of the Public Health Service Act by adding a new section 788A.

New section 788A directs the PHS to award grants and contracts to schools of medicine and osteopathy for projects to (1) train faculty of schools of medicine, nursing, osteopathy, dentistry, public health, and allied health to teach students to provide care and treatment for people with AIDS, and (2) develop and disseminate curricula relating to the care and treatment of AIDS patients. The Secretary will give preference to projects which will train professionals to treat minority AIDS patients and others at high risk of

contracting AIDS, and will train minority professionals to provide treatment for people with AIDS. Awards will be made only after a proper application has been submitted. All applications are subject to peer review by non-Federal experts, and the Secretary may not approve or disapprove an application until after receipt of recommendations from the peer review group and consultation with the National Advisory Council on Health Professions Education. Appropriations are authorized at $11,000,000 for FY88 and such sums as necessary for FY89 and FY90.

TITLE V—SERVICE PROGRAMS

Section 501 further amends new PHSA Title XXIV by adding a new Part C—Health Services, covering new sections 2431 through 2441.

New section 2431 authorizes appropriations, for the purpose of allotments under new section 2432, of $100,000,000 for FY88 and such sums as necessary for FY89 and FY90.

New section 2432 provides for the manner in which amounts appropriated for State AIDS service programs under section 2431 will be allotted to the States. To receive such funds, each State must submit an application to the Secretary as required in new section 2435, and must agree to spend the funds only in accordance with new section 2434. The size of each State's allotment will be the greater of: (1) an amount determined based on the amount appropriated in any fiscal year under section 2431 (each State would receive $175,000 or $100,000); or (2) an amount determined based on the number of reported cases of living individuals with AIDS in the State. If some States fail to submit an application for allotment, do not use the full amount of their allotment, or return some of their allotment after audit, the excess will be distributed to the remaining States in proportion to the amounts otherwise allotted.

New section 2433 provides that the Secretary shall make payments to each State from its allotment under section 2432; that unobligated balances may be carried over by a State from one fiscal year to the next; and that part of a State's payment may be used to pay for supplies or equipment furnished to the State, or pay and travel expenses for Government employees detailed to the State, when the State requested such supplies, equipment, or detail of personnel.

New section 2434 sets forth the activities for which a State may and may not use its allotment. Amounts paid to a State may be used for: (1) payments to physicians, nurses, and social workers involved in the provision of health care services for AIDS patients in home or community-based settings, including respite and day care programs; (2) referrals to other appropriate services; (3) outreach to people, includng children, needing home or community health care services; (4) training and recruitment of people to provide services to AIDS patients; (5) outpatient mental health services; (6) outpatient drug abuse treatment services; (7) coordination of home health care services to patients; and (8) coordination of other health and social services provided to patients by public and private institutions and voluntary organizations. A State may make grants to health care organizations for the provision of home

health care services. The State must give priority to certified home health care programs, hospitals, or community-based programs with a proven record of service. A State may use its allotment to recruit and train community-based physicians and others to provide services to AIDS patients. In carrying out activities under this part, the State shall give priority to those directed toward minorities and populations at high risk of contracting AIDS. Amounts paid to a State may not be used to: (1) provide inpatient services; (2) make cash payments to intended recipients of health services; (3) purchase or improve land, buildings, or major medical equipment; (4) satisfy Federal matching requirements; or (5) provide financial assistance to any entity other than a public or nonprofit private entity. The Secretary may waive limitation (3) concerning land, buildings, and equipment upon request of a State if the Secretary finds that extraordinary circumstances justify a waiver. A maximum of 5 percent of a State's allotment may be used for administering the funds available. Any remaining administrative costs must be paid from non-Federal sources.

New section 2435 sets forth the conditions with which a State must comply when making application for its allotment under section 2432. The State must submit an application to the Secretary and certify that copies of each application will be made available for public comment and inspection prior to submission. In the annual application the Governor of the State shall certify as follows: (1) the State agrees to the requirements on the use of the funds; (2) the State agrees to identify each population in the State at high risk of contracting AIDS, including minority populations, and to provide them services; (3) the State agrees to provide services to low-income individuals not receiving equivalent services under the State's Medicaid plan; and (4) the State agrees to use part of its administrative funds to establish a State AIDS Council which shall monitor, review, and evaluate at least annually the allocation and adequacy of services for AIDS patients within the State, and which shall include representatives of State service agencies and of community-based services organizations.

New section 2436 authorizes the Secretary to provide training and technical assistance to States for planning, developing, and operating programs under this part.

New section 2437 requires that each State establish fiscal control and audit procedures to account for these Federal funds. Each State may choose to conduct either a biennial financial and compliance audit of the funds allotted, or a single biennial financial and compliance audit of each entity administering the funds. Copies of the audit report shall be given to the State legislature and the Secretary and be made available for public inspection, If any amounts are found not to have been expended in accordance with the requirements of section 2435, the State must repay them after opportunity for a hearing. Otherwise, the amounts will be offset against any future allotments to the State under section 2432. The Comptroller General of the United States shall from time to time evaluate the expenditures by States of allotments under this part. The Secretary shall develop model criteria and forms for data collection so States can share uniform data on provision of services provided under this part.

New section 2438 authorizes the Secretary to withhold funds from any State which does not use its allotment in accordance with the requirements of this part. The withholding may not occur until the Secretary has conducted an investigation on the use of the allotment. The Secretary shall respond in an expeditious manner to complaints of a substantial or serious nature concerning a State's use of its allotment, but funds may not be withheld for minor failures to comply with requirements. Each fiscal year, the Secretary shall conduct investigations in several States to monitor compliance with requirements for the use of funds. The Comptroller General of the United States may conduct similar investigations. States and entities which have received funds from the allotments must cooperate with such investigations by making documentation and records available. Investigators may not make a request for any information not readily available, or make an unreasonable request for information to be compiled, collected, or transmitted in any form not readily available, except in the course of a judicial proceeding.

New section 2439 establishes criminal penalties (up to $25,000 fine or five years imprisonment or both) for false statements in connection with payments for items or services made by a State from its allotment.

New section 2440 requires the Secretary to conduct evaluations for services provided and activities carried out with these funds.

New section 2441 defines the term "eligible individual" to mean an individual who is infected with the AIDS virus and who has clinical symptoms resulting from such infection.

TITLE VI—RESEARCH

Section 601(a) amends PHSA Title IV, Part C, Subpart 6, concerning the National Institute of Allergy and Infectious Diseases (NIAID), to add several new sections on AIDS research.

New section 447 establishes the National Research Program on Acquired Immunodeficiency Syndrome. The Program shall consist of (1) an expanded, intensified, and coordinated research program on AIDS at NIH, including basic and clinical research on the prevention and treatment of AIDS; and (2) demonstration, education, and other programs for health professionals for the detection, diagnosis, prevention, and treatment of AIDS and for AIDS counseling. The Director of NIAID is responsible for the Program and shall consult with the other Institute directors. The Director shall establish projects to promote cooperation between Federal agencies, State, local, and regional public health agencies, and private entities, in research on the diagnosis, prevention, and treatment of AIDS. The Director shall coordinate all NIH AIDS activities, giving special emphasis to research on the causes of AIDS. The Director shall provide the Secretary with a report (to be included with the Secretary's annual report under section 102) outlining the progress made in AIDS research, treatment, education, and training, summarizing and analyzing NIAID expenditures on AIDS, and containing any recommendations the Director considers appropriate.

New section 447A outlined the special authorities of the Director. The Director (1) shall develop and expand clinical trials of treat-

ments and therapies for AIDS and AIDS virus infection; (2) may support the development and preclinical screening, production, or distribution of therapeutic substances for AIDS research and set standards of safety and care for persons using such materials; (3) may, in consultation with the Advisory Council of NIAID, support foreign AIDS research, collaborative research with American and foreign participants, and the training of American scientists abroad and foreign scientists in the U.S.; (4) may, in consultation with the Advisory Council of NIAID, support education and training programs, including continuing education and laboratory and clinical research training; (5) may encourage and coordinate research on AIDS by industrial concerns with particular capabilities; (6) may, in consultation with the Advisory Council of NIAID, maintain laboratories, other research facilities, and equipment, make grants for the renovation of facilities, and lease space in buildings for up to 10 years for the use of the Program; and (7) subject to peer review requirements, may enter into contracts and cooperative agreements with any public agency, person, firm, association, corporation, or educational institution as may be necessary to expedite and coordinate research on AIDS.

New section 447B directs the Secretary to establish an Acquired Immunodeficiency Syndrome Advisory Board in the National Institutes of Health. The Advisory Board shall have seven appointed members. Four shall be non-Federal scientists, physicians, or other health professionals from disciplines relevant to AIDS (at least one shall be an expert in public health), and three shall be members of the general public knowledgeable about AIDS, including at least one who is infected with the AIDS virus. At least three of the seven must be knowledgeable about research in the fields of health education, nursing, data systems, public information, and community program development. In making appointments to the Board, the Secretary shall request recommendations from the Institute of Medicine of the National Academy of Sciences. The Board shall also have as ex officio members the Directors of NIH and NCI, the Surgeon General, and other officers as needed. Provisions are made for Board members' compensation and term of office (normally four years). Provisions are made for a Board chairman (the Director of the NIH), an executive director, professional and clerical staff, and administrative support services. The Board shall meet at least four times a year. The duties of the Advisory Board are to (1) review and evaluate the implementation of the Program; (2) make recommendations for the implementation and revision of the Program to Congress and responsible officials; and (3) maintain liaison with other advisory bodies to Federal agencies involved with AIDS. The Board is authorized to establish subcommittees, convene workshops and conferences, and collect data. The Board shall prepare an annual report describing its activities and making recommendations for the Program. The Advisory Board shall terminate on September 30, 1992. The Secretary shall make appointments to the Board within 90 days after enactment.

New section 447C authorizes the Director to make awards to public or private nonprofit entities for the planning, establishment, or operation of national AIDS research centers. Funds may be used for the renovation or leasing of space, staffing and such patient

care costs as needed for research, clinical training, continuing education, and public information programs, and for demonstration purposes. Support may be given for up to five years, with renewals of up to five years after peer review.

New section 447D provides for the position of an Associate Director for Prevention to coordinate and promote the Institute's programs for the prevention of infectious diseases, including AIDS.

New section 448E requires the Director to establish a virus and serum bank in which all human immunodeficiency virus serotypes and serum are available to qualified investigators and organizations.

Section 601(b) amends PHSA section 446 to broaden the statement of general purpose of the Institute.

Section 602 amends the PHSA section on National Research Service Awards [sec. 487(a)] to add a paragraph directing NIAID to make awards for the training of individuals to participate in national research efforts on AIDS.

Section 603 amends PHSA sec. 516(a) and 517 concerning drug abuse demonstration projects to add authority to make grants for projects to reduce the transmission of the AIDS virus among intravenous drug abusers. There will be $25,000,000 available for such projects from the amounts appropriated under this section in any fiscal year beginning with FY88.

XI. Changes in Existing Law

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

Public Health Service Act

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

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Part B—Federal-State Cooperation

PUBLIC HEALTH EMERGENCIES

Sec. 319. (A) If the Secretary determines, after consultation with the Director of the National Institutes of Health, the Administrator of the Alcohol, Drug Abuse, and Mental Health Administration, the Commissioner of the Food and Drug Administration, *the Administrator of Health Resources and Services,* or the Director of the Centers for Disease Control, that—

(1) a disease or disorder presents a public health emergency, or

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(2) a public health emergency otherwise exists and the Secretary has the authority to take action with respect to such emergency,

the Secretary, acting through such Director, Administrator, or Commissioner, may take such action as may be appropriate to respond to the public health emergency, including making grants and entering into contracts and conducting and supporting investigations into the cause, treatment, or prevention of disease or disorder described in paragraph (1).

(b)(1) There is established in the Treasury a fund designated the "Public Health Emergency Fund" to be available to the Secretary without fiscal year limitation to carry out subsection (a). There is authorized to be appropriated to the fund [$30,000,000] *$60,000,000* for fiscal year 1984. For fiscal year 1985 and each fiscal year thereafter there is authorized to be appropriated to the fund such sums as may be necessary to have [$30,000,000] *$60,000,000* in the fund at the beginning of such fiscal year.

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TITLE IV—NATIONAL RESEARCH INSTITUTES

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PART B—GENERAL PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

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SECS. 405–408 * * *

ACQUIRED IMMUNODEFICIENCY SYNDROME ADVISORY BOARD

SEC. 409. (a) The Director of NIH shall establish in the National Institutes of Health an Acquired Immunodeficiency Syndrome Advisory Board (hereafter in this section referred to as the "Advisory Board").

(b) The Advisory Board shall be composed of seven appointed members and nonvoting ex officio members as follows:

(1) The Director of NIH shall appoint—

(A) four members from individuals who are scientists, physicians, and other health professionals, who are not officers or employees of the United States, and who represent the specialties and disciplines relevant to acquired immunodeficiency syndrome; and

(B) three members from the general public who are knowledgeable with respect to acquired immunodeficiency syndrome, including at least one member who is an individual who is infected with the human immunodeficiency virus.

Of the members appointed under this paragraph, at least three shall by virtue of training or experience be knowledgeable in research in the fields of health education, nursing, data systems, public information, and community program development, and of the members appointed under subparagraph (A), at least one shall be an expert in public health. In making appointments under this paragraph, the Director of NIH shall request recom-

mendations from the Institute of Medicine of the National Academy of Sciences.

(2) The following shall be ex officio members of the Advisory Board:

(A) The Director of NIH, the Director of the National Cancer Institute, the Director of the National Institute on Allergy and Infectious Diseases, and the Surgeon General of the United States (or the designees of such officers).

(B) Such other officers and employees of the United States as the Advisory Board determines necessary for the Advisory Board to carry out its functions.

(c) Members of the Advisory Board shall serve without compensation in addition to that received in their regular public employment. While away from their homes or regular places of business in the performance of duties for the Advisory Board, all members of the Advisory Board shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under sections 5702 and 5703 of title 5, United States Code.

(d) The term of office of an appointed member of the Advisory Board is four years, except that no term of office may extend beyond the expiration of the Advisory Board. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has taken office. If a vacancy occurs in the Advisory Board, the Director of NIH shall make an appointment to fill the vacancy not later than 90 days from the date the vacancy occurred.

(e) The Director of NIH shall select the chairman of the Advisory Board from the members of the Advisory Board.

(f) The Director of NIH shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with an executive director and one other professional staff member. In addition, the Director of NIH shall, after consultation with and consideration of the recommendations of the Advisory Board, provide the Advisory Board with such additional professional staff members, such clerical staff members, such services of consultants, such information, and (through contracts or other arrangements) such administrative support services and facilities, as the Director of NIH determines are necessary for the Advisory Board to carry out its functions.

(g) The Advisory Board shall meet at the call of the chairman, but not less often than four times a year.

(h) The Advisory Board shall—

(1) review and evaluate the implementation of the National Research Program on Acquired Immunodeficiency Syndrome established under section 447;

(2) for the purpose of assuring the most effective use and organization of resources respecting research concerning acquired immunodeficiency syndrome, advise and make recommendations to the Congress, the Secretary, the Director of NIH, the Director of the National Institute on Allergy and Infectious Diseases, and the heads of other appropriate Federal agencies for the implementation and revision of such Program; and

(3) maintain liaison with other advisory bodies related to Federal agencies involved in activities related to acquired immunodeficiency syndrome.

(i) In carrying out its functions, the Advisory Board may establish subcommittees, convene workshops and conferences, and collect data. Such subcommittees may be composed of Advisory Board members and nonmember consultants with expertise in the particular area addressed by such subcommittees. The subcommittees may hold such meetings as are necessary to enable them to carry out their activities.

(j) The Advisory Board shall prepare and transmit to the Director of NIH an annual report which—

(1) describes the Advisory Board's activities in the fiscal year for which the report is made; and

(2) contains the Advisory Board's recommendations with respect to the Program.

(k) The Advisory Board shall terminate on September 30, 1992.

(l) The Director of NIH shall make appointments to the Advisory Board within 90 days after the date of enactment of this section.

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PART C—SPECIFIC PROVISIONS RESPECTING NATIONAL RESEARCH INSTITUTES

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Subpart 6—National Institute of Allergy and Infectious Diseases

PURPOSE OF THE INSTITUTE

SEC. 446. The general purpose of the National Institute of Allergy and Infectious Diseases is the conduct and support of research, training, health information dissemination, and other programs with respect to *the cause, prevention, treatment, and care of individuals with* allergic and immunologic diseases and disorders and infectious diseases *including acquired immunodeficiency syndrome.*

NATIONAL RESEARCH PROGRAM ON ACQUIRED IMMUNODEFICIENCY SYNDROME

SEC. 447. (a) There shall be the National Research Program on Acquired Immunodeficiency Syndrome (hereafter in this subpart referred to as the "Program"), which shall consist of—

(1) an expanded, intensified, and coordinated research program on acquired immunodeficiency syndrome conducted and supported by the Institute, including an expanded and intensified basic and clinical research program relating to the prevention and treatment of acquired immunodeficiency syndrome; and

(2) demonstration, education, and other programs for health professionals for the detection, diagnosis, prevention, and treatment of acquired immunodeficiency syndrome and for the provision of counseling concerning acquired immunodeficiency syndrome.

(b) The Director of the Institute shall be responsible for the administration of the Program.

(c) To carry out the Program, the Director of the Institute shall establish projects to promote cooperation between Federal agencies, State, local, and regional public health agencies, and private entities, in research concerning the diagnosis, prevention, and treatment of acquired immunodeficiency syndrome.

(d) In carrying out the Program, the Director of the Institute shall—

(1) coordinate activities under the Program with other activities relating to acquired immunodeficiency syndrome conducted by the other national research institutes and the agencies of the National Institutes of Health; and

(2) give special emphasis to the continued development of activities relating to the cause of acquired immunodeficiency syndrome and to the coordination of such activities with related activities conducted by the other national research institutes.

(e) The Director of the Institute shall prepare and transmit to the Secretary, for inclusion in the Secretary's annual report under section 102 of the Acquired Immunodeficiency Syndrome Information and Research Act of 1987, a report—

(1) describing and evaluating the progress made in such fiscal year in research, treatment, education, and training with respect to acquired immunodeficiency syndrome conducted or supported by the Institute;

(2) summarizing and analyzing expenditures made in such fiscal year for activities respecting acquired immunodeficiency syndrome conducted or supported by the Institute; and

(3) containing such recommendations as the Director of the Institute considers appropriate.

SPECIAL AUTHORITIES OF THE DIRECTOR

SEC. 447A. In carrying out the Program, the Director of the Institute—

(1) shall develop and expand clinical trials of treatments and therapies for acquired immunodeficiency syndrome and infection with the acquired immunodeficiency syndrome virus;

(2) may establish or support the large-scale development and preclinical screening, production, or distribution of specialized biological materials and other therapeutic substances for research relating to acquired immunodeficiency syndrome and set standards of safety and care for persons using such materials;

(3) may, in consultation with the advisory council for the Institute, support (A) research relating to acquired immunodeficiency syndrome outside the United States by highly qualified foreign nationals which can be expected to benefit the American people, (B) collaborative research involving American and foreign participants, and (C) the training of American scientists abroad and foreign scientists in the United States;

(4) may, in consultation with the advisory council for the Institute, support appropriate programs of education and training (including continuing education and laboratory and clinical research training);

(5) may encourage and coordinate research relating to acquired immunodeficiency syndrome by industrial concerns where such concerns evidence a particular capability for such research;

(6)(A) may, in consultation with the advisory council for the Institute, acquire, improve, repair, operate, and maintain laboratories, other research facilities, equipment, and such other real or personal property as the Director of the Institute determines necessary;

(B) may, in consultation with the advisory council for the Institute, make grants for the renovation of facilities; and

(C) may, in consultation with the advisory council for the Institute, acquire, without regard to the Act of March 3, 1877 (40 U.S.C. 34) by lease or otherwise through the Administrator of General Services, buildings or parts of buildings in the District of Columbia or communities located adjacent to the District of Columbia for the use of the Program for a period not to exceed ten years; and

(7) subject to section 405(b)(2) and without regard to section 3324 of title 31, United States Code, and section 3709 of the Revised Statutes (41 U.S.C. 5), may enter into such contracts and cooperative agreements with any public agency, or with any person, firm, association, corporation, or educational institution, as may be necessary to expedite and coordinate research relating to acquired immunodeficiency syndrome.

NATIONAL ACQUIRED IMMUNODEFICIENCY SYNDROME RESEARCH CENTERS

SEC. 447B. (a)(1) The Director of the Institute may enter into cooperative agreements with and make grants to public or private nonprofit entities to pay all or part of the cost of planning, establishing, or strengthening, and providing basic operating support for, centers for basic and clinical research into, and training in, advanced diagnostic, prevention, and treatment methods for acquired immunodeficiency syndrome.

(2) A cooperative agreement or grant under paragraph (1) shall be entered into in accordance with policies established by the Director of NIH and after consultation with the Institute's advisory council.

(b) Federal payments made under a cooperative agreement or grant under subsection (a) may be used for—

(1) the renovation or leasing of space;

(2) staffing and other basic operating costs, including such patient care costs as are required for research;

(3) clinical training, including training for allied health professionals, continuing education for health professionals and allied health professions personnel, and information programs for the public respecting acquired immunodeficiency syndrome; and

(4) demonstration purposes.

As used in this subsection, the term "training" does not include research training for which National Research Service Awards may be provided under section 487.

(c) Support of a center under subsection (a) may be for a period of not to exceed five years. Such period may be extended by the Director for additional periods of not more than five years each if the operations of such center have been reviewed by an appropriate technical and scientific peer review group established by the Director and if such group has recommended to the Director that such period should be extended.

ASSOCIATE DIRECTOR FOR PREVENTION

SEC. 447C. (a) There shall be in the Institute an Associate Director for Prevention to coordinate and promote the programs in the Institute concerning the prevention of infectious diseases, including acquired immunodeficiency syndrome. The Associate Director shall be appointed by the Director of the Institute from individuals who because of their professional training or experience are experts in public health or preventive medicine.

(b) The Associate Director for Prevention shall prepare for inclusion in the biennial report made under section 407 a description of the prevention activities of the Institute, including a description of the staff and resources allocated to those activities.

VIRUS AND SERUM BANK

SEC. 447D. The Director of the Institute shall establish, or provide for the establishment of, a virus and serum bank in which all human immunodeficiency virus serotypes and serum are available to qualified investigators and organizations.

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PART F--AWARDS AND TRAINING

NATIONAL RESEARCH SERVICE AWARDS

SEC. 487. (a)(1) The Secretary shall—

(A) provide National Research Service Awards for—

(i) biomedical and behavorial research at the National Institutes of Health and the Alcohol, Drug Abuse, and Mental Health Administration in matters relating to the cause, diagnosis, prevention, and treatment of the diseases or other health problems to which the activities of the National Institutes of Health and Administration are directed:

(ii) training at the National Institutes of Health and at the Administration of individuals to undertake such research;

(iii) biomedical and behavorial research and health services research (including research in primary medical care) at public and nonprofit private entities; and

(iv) pre-doctoral and post-doctoral training at public and private institutions of individuals to undertake biomedical and behavioral research; and

(B) make grants to public and nonprofit private institutions to enable such institutions to make National Research Service Awards for research (and training to undertake biomedical and

behavorial research) in the matters described in subparagraph (A)(i) to individuals selected by such institutions.

A reference in this subsection to the National Institutes of Health or the Alcohol, Drug Abuse, and Mental Health Administration shall be considered to include the institutes, agencies, divisions, and bureaus included in the National Institutes of Health or under the Administration, as the case may be.

(2) National Research Service Awards may not be used to support residency training of physicians and other health professionals.

(3) In awarding National Research Service Awards under this section, the Secretary shall take account of the Nation's overall need for biomedical research personnel by giving special consideration to physicians who agree to undertake a minimum of two years of biomedical research.

(4) The Secretary, through the Directors of the national research institutes, shall make National Research Service Awards under subparagraphs (A)(ii), (A)(iv), and (B) of paragraph (1) for the training of individuals to participate in national research efforts relating to acquired immunodeficiency syndrome.

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TITLE V—ADMINISTRATION AND COORDINATION OF THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, AND THE NATIONAL INSTITUTE ON DRUG ABUSE

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PART B—RESEARCH

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Subpart 2—Drug Abuse Research

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DRUG ABUSE DEMONSTRATION PROJECTS

SEC. 516. (a) The Secretary, through the National Institute on Drug Abuse, may make grants and to enter into contracts with individuals and public and nonprofit private entities to support projects—

(1) for the development and demonstration of methods for—

(A) the prevention of drug abuse and other problems relating to drug abuse, and

(B) the treatment and rehabilitation of individuals suffering from drug abuse and other problems relating to the misuse of drugs; [and]

(2)(A) which emphasize the development and demonstration of new and improved methods of screening and early detection, referral, and diagnosis of individuals with a risk of drug abuse,

(B) which develop and evaluate new and improved techniques of prevention and treatment services for use in States and local communities, and

(C) which emphasize the development and demonstration of new and improved methods for the dissemination of research

findings and knowledge of effective strategies of early detection, prevention, and treatment of drug abuse[.] *and;*

(3) for the study and demonstration of effective methods to reduce the transmission of the acquired immunodeficiency syndrome virus among intravenous drug abusers.

(b) A grant or contract may be made under subsection (a) for a project which meets the requirements of subsection (a) and also deals with alcohol abuse and alcoholism.

(c) No entity may receive grants under subsection (a) for more than three years.

AUTHORIZATIONS OF APPROPRIATIONS

SEC. 517. There are authorized to be appropriated to carry out this subpart $129,000,000 for fiscal year 1987. *Of the amounts appropriated under this section for any fiscal year (beginning with fiscal year 1988) $25,000,000 shall be available for projects under section 516(a)(3).*

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TITLE VII—HEALTH RESEARCH AND TEACHING FACILITIES AND TRAINING OF PROFESSIONAL HEALTH PERSONNEL

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PART F—GRANTS AND CONTRACTS FOR PROGRAMS AND PROJECTS

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SEC. 788. * * *

TRAINING WITH RESPECT TO ACQUIRED IMMUNODEFICIENCY SYNDROME

SEC. 788A. (a)(1) The Secretary, through the Public Health Service, may make grants to and enter into contracts with schools of medicine and osteopathy to assist in meeting the costs of such schools in providing projects to—

(A) train faculty of schools of medicine, nursing, osteopathy, dentistry, public health, and allied health to teach students in such schools to provide care and treatment for individuals with acquired immunodeficiency syndrome; and

(B) develop and disseminate curricula relating to the care and treatment of individuals with acquired immunodeficiency syndrome.

(2) In making grants under this section, the Secretary shall give preference to projects which will—

(A) train, or result in the training of, health professionals and allied health professionals who will provide treatment for minority individuals with acquired immunodeficiency syndrome and other individuals who are at high risk of contracting such syndrome; and

(B) train, or result in the training of, minority health professionals and minority allied health professionals to provide treatment for individuals with acquired immunodeficiency syndrome.

(b) No grant or contract may be made under this section unless an application therefor is submitted to the Secretary in such form, at

such time, and containing such information, as the Secretary may prescribe.

(c)(1) Any application for a grant or contract under this subsection shall be subject to appropriate peer review by peer review groups composed principally of non-Federal experts.

(2) The Secretary may not approve or disapprove an application for a grant or contract under this subsection unless the Secretary has received recommendations with respect to such application from the appropriate peer review group required under paragraph (1) and has consulted with the National Advisory Council on Health Professions Education with respect to such application.

(d) For purposes of this section, the term "school of nursing" has the same meaning as in section 853(2).

(e) To carry out this section, there are authorized to be appropriated $11,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

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TITLE XXIV—ACQUIRED IMMUNODEFICIENCY SYNDROME

PART A—NATIONAL INFORMATION PROGRAMS

NATIONAL ACQUIRED IMMUNODEFICIENCY SYNDROME INFORMATION PROGRAM

SEC. 2401. The Director of the Centers for Disease Control shall annually prepare a comprehensive plan, including a budget, for a National Acquired Immunodeficiency Syndrome Information Program. The plan shall contain provisions to implement the provisions of this part and provisions for such other activities as the Director considers necessary and appropriate to disseminate information concerning acquired immunodeficiency syndrome. The Director shall submit such plan to the Secretary. The authority of the Director to carry out such Program and plan is not the exclusive authority for the Director to carry out information activities with respect to acquired immunodeficiency syndrome.

CLEARINGHOUSE

SEC. 2402. The Secretary, through the Director of the Centers for Disease Control, shall establish a clearinghouse to make information concerning acquired immunodeficiency syndrome available to Federal agencies, States and political subdivisions of States, public agencies concerned with public health and education, public and private entities, organizations, and institutions, minority organizations, community-based organizations, and the general public. The clearinghouse shall—

(1) develop and obtain educational materials, curricula, and methods directed towards reducing the transmission of the acquired immunodeficiency syndrome virus;

(2) provide support for individuals who provide instruction in methods and techniques of education relating to the prevention of acquired immunodeficiency syndrome and in the use of the materials and curricula described in paragraph (1); and

(3) conduct, or provide for the conduct of, evaluations of the materials, curricula, and methods described in paragraph (1) and the efficacy of such materials, curricula, and methods in preventing infection with the acquired immunodeficiency syndrome virus.

GRANTS AND CONTRACTS FOR INFORMATION DISSEMINATION

SEC. 2403. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to, and enter into contracts with, national organizations having the ability to rapidly disseminate information concerning acquired immunodeficiency syndrome to groups at high risk of becoming infected with the acquired immunodeficiency syndrome virus. Payments under such grants and contracts shall be used for the development and operation of programs directed toward such groups, and the development of educational materials directed toward such groups, relating to acquired immunodeficiency syndrome and infection with the acquired immunodeficiency syndrome virus.

(b) No grant may be made and no contract may be entered into under this section unless an application therefor is submitted to the Secretary at such time, in such form, and containing such information as the Secretary may prescribe.

COMMUNITY EDUCATION, INFORMATION, AND RISK REDUCTION DEMONSTRATION PROGRAMS

SEC. 2404. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to public and private nonprofit entities (including community-based organizations) for the development, establishment, or expansion of demonstration programs for the conduct of targeted education, information, and risk reduction activities relating to acquired immunodeficiency syndrome. In making grants under this section, the Secretary shall give priority to programs and activities directed toward high risk populations in which there is a significant number of cases of acquired immunodeficiency syndrome or other significant evidence of infection with the acquired immunodeficiency virus.

(b) No grant may be made to support a demonstration program under this section unless an application therefor is submitted to the Secretary in such form and at such time as the Secretary may by regulation prescribe. Each such application shall contain—

(1) information demonstrating that the entity applying for the grant has identified needs for the conduct of education, information, and risk reduction activities relating to acquired immunodeficiency syndrome in the area in which the program will be developed, established, or expanded;

(2) assurances that such entity will provide education and information concerning acquired immunodeficiency syndrome under the program in a manner which is medically accurate and factually correct;

(3) assurances that any educational or informational materials developed with a grant under this section shall be of a content, and shall be presented in such a manner, which is specifi-

cally directed to the group for which such materials are intended;

(4) a description of the manner in which such entity has planned the program in consultation with, and of the manner in which such entity will consult during the conduct of the program with—

(A) appropriate local officials and community groups for the area to be served by the program;

(B) groups representing individuals who are at high risk of contracting acquired immunodeficiency syndrome; and

(C) individuals having expertise in health education,

in order to ensure that activities conducted under the program will be directed appropriately at the individuals needing such education, information, and risk reduction;

(5) information demonstrating, in the case of an entity which is a community-based organization, that—

(A) the organization has continuing relationships with the portion of the population in the area to be served by such organization who is at risk of contracting acquired immunodeficiency syndrome; and

(B) the organization has established or will establish relationships with public and private entities in such area which provide services to individuals with acquired immunodeficiency syndrome;

(6) a description of—

(A) the objectives established by the entity for the conduct of the program; and

(B) the methods the entity will use to evaluate the activities conducted under the program to determine if such objectives are met; and

(7) such other information as the Secretary may by regulation prescribe.

(c) In making grants under this section to support programs described in subsection (a), the Secretary shall give preference to community-based organizations which are located in, have a history of service in, and will serve under the program, areas—

(1) in which there is a significant incidence of acquired immunodeficiency syndrome;

(2) in which there has been a significant increase in the incidence of acquired immunodeficiency syndrome; or

(3) in which there is a significant risk of becoming infected with acquired immunodeficiency syndrome virus,

as determined by the Secretary by regulation.

(d) The Secretary may review the content of any educational or informational materials developed with a grant under this section only for scientific and factual validity.

PUBLIC INFORMATION CAMPAIGNS

SEC. 2405. (a) The Secretary, through the Director of the Centers for Disease Control, shall make grants to public and nonprofit private entities, and shall enter into contracts with public and private entities, for the development and dissemination of public service announcements and paid advertising messages relating to acquired im-

munodeficiency syndrome that warn individuals about activities which place them at risk of becoming infected with the acquired immunodeficiency syndrome virus. The Director shall make every effort to insure that not less than 90 percent of American households receive such messages at a frequency of not less than 15 times during a six-month period.

(b) No grant may be made and no contract may be entered into under this section unless an application therefor is submitted to the Secretary at such time, in such form, and containing such information as the Secretary may prescribe.

TELEPHONE HOTLINES

SEC. 2406. (a) The Secretary, through the Public Health Service, shall maintain a toll free twenty-four hour telephone service to provide information to the public concerning acquired immunodeficiency syndrome.

(b) The Secretary, through the Public Health Service, shall establish and maintain a telephone service to provide medical and technical information to individuals and organizations who provide care and treatment services for individuals with acquired immunodeficiency syndrome. Such telephone service shall be available during the normal business hours of the Public Health Service.

AUTHORIZATION OF APPROPRIATIONS

SEC. 2407. To carry out this part, there are authorized to be appropriated $115,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

PART B—STATE PREVENTION PROGRAMS

AUTHORIZATION OF APPROPRIATIONS

SEC. 2411. For the purpose of allotments under section 2412, there are authorized to be appropriated $150,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

ALLOTMENTS

SEC. 2412. (a) The Secretary shall, for each of the fiscal years 1988, 1989, and 1990, allot to each State an amount determined in accordance with subsections (c) and (d). The Secretary shall, in accordance with section 2413, make payments for each such fiscal year to each State from the allotment for the State if the Secretary approves for each such fiscal year an application submitted by the State pursuant to section 2415.

(b) The Secretary may not make payments under an allotment under subsection (a) to a State for a fiscal year unless the State agrees that amounts received by the State pursuant to such subsection will be expended only in accordance with section 2414.

(c)(1) The allotment for a State under subsection (a) for a fiscal year shall be the greater of—

(A) the amount described in paragraph (2); or

(B) the amount determined in accordance with subsection (d).

(2)(A) If the total amount appropriated under section 2411 for any fiscal year exceeds $100,000,000, the amount referred to in paragraph (1)(A) is $300,000 for such fiscal year.

(B) If the total amount appropriated under section 2411 for any fiscal year equals or exceeds $50,000,000, but is less than $100,000,000, the amount referred to in paragraph (1)(A) is $200,000 for such fiscal year.

(C) If the total amount appropriated under section 2411 for any fiscal year is less than $50,000,000, the amount referred to in paragraph (1)(A) is $100,000 for such fiscal year.

(d)(1) The amount referred to in subsection (c)(1)(B) is the sum of the amounts determined under subparagraphs (A) and (B) of paragraph (2).

(2)(A) The Secretary shall allot 60 percent of the amounts appropriated under section 2411 for any fiscal year to States in accordance with this subparagraph. Of the amount available for allotments under this subparagraph for a fiscal year, the Secretary shall allot to each State for such fiscal year an amount which bears the same ratio to such available amount as the population of the State bears to the population of all States.

(B) The Secretary shall allot 40 percent of the amounts appropriated under section 2411 for any fiscal year to States in accordance with this subparagraph. Of the amount available for allotments under this subparagraph for a fiscal year, the Secretary shall allot to each State for such fiscal year an amount which bears the same ratio to such available amount as the number of reported cases of acquired immunodeficiency syndrome in the State bears to the number of reported cases of acquired immunodeficiency syndrome in all States.

(3) To the extent that all of the amounts appropriated under section 2411 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to the States because—

(A) one or more States have not submitted an application or description of activities in accordance with section 2415 for the fiscal year;

(B) one or more States have notified the Secretary that they do not intend to use the full amount of their allotment; or

(C) some State allotments are offset or repaid under section 2418(a)(3);

such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this paragraph.

PAYMENTS UNDER ALLOTMENTS TO STATES

SEC. 2413. (a)(1) For each fiscal year, the Secretary shall make payments, as provided by section 6503 of title 31, United States Code, to each State from its allotment under section 2412 from amounts appropriated for that fiscal year.

(2) Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available to such State for the purposes for which it was made for the next fiscal year.

(b) The Secretary, at the request of a State, may reduce the amount of payments under subsection (a) by—

(1) the fair market value of any supplies or equipment furnished the State; and

(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the State and the amount of any other costs incurred in connection with the detail of such officer or employee, when the furnishing of supplies or equipment or the detail of an officer or employee is for the convenience of and at the request of the State and for the purpose of conducting activities described in section 2414. The amount by which any payment is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be deemed to be part of the payment and shall be deemed to have been paid to the State.

USE OF ALLOTMENTS

SEC. 2414. (a) Except as provided in subsection (b), amounts paid to a State under this part may be used by the State for—

(1) the development, establishment, or conduct of public information activities relating to the prevention and diagnosis of acquired immunodeficiency syndrome for each population or community in the State in which there is a a significant number of individuals at high risk of contracting such syndrome;

(2) the development, establishment, or conduct of public information activities for the general public relating to the prevention and diagnosis of acquired immunodeficiency syndrome;

(3) the development, establishment, or conduct of risk reduction activities relating to acquired immunodeficiency syndrome, including research into the prevention and control of such syndrome;

(4) the conduct of demonstration projects for the prevention and control of acquired immunodeficiency syndrome;

(5) the provision of technical assistance to community-based organizations, public and nonprofit private entities, schools, and employers in developing information programs relating to acquired immunodeficiency syndrome; and

(6) the conduct of education, training, and skills improvement activities in the prevention and control of acquired immunodeficiency syndrome for health professionals (including allied health professionals), public safety workers, teachers, school administrators, and other appropriate education personnel.

(b) A State may not use amounts paid to it under section 2413 to—

(1) provide inpatient services;

(2) make cash payments to intended recipients of health services;

(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;

(5) provide financial assistance to any entity other than a public or nonprofit private entity; or

(6) conduct any testing for infection with the acquired immunodeficiency syndrome virus or conduct any counseling relating to any such testing.

The Secretary may waive the limitation contained in paragraph (3) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will assist in carrying out this part.

(c) Of the amount paid to any State under section 2413, not more than 5 percent may be used for administering the funds made available under such section. The State will pay from non-Federal sources the remaining costs of administering such funds.

APPLICATION AND DESCRIPTION OF ACTIVITIES

SEC. 2415. (a) In order to receive an allotment for a fiscal year under section 2412 each State shall submit an application to the Secretary. Each such application shall be in such form and submitted by such date as the Secretary shall require.

(b) Each State shall certify that the State will make copies of each application required by this section available for public inspection and comment prior to the submission of such application.

(c) As part of the annual application required by subsection (a), the chief executive officer of a State shall certify as follows:

(1) The State agrees to use the funds allotted to it under section 2412 in accordance with the requirements of this part.

(2) The State agrees, in carrying out this part, to place priority on activities directed towards individuals in populations and communities identified under section 2414(a)(1).

(3) In the case of a State in which there is a large number of individuals who are intravenous drug abusers, the State agrees to place priority on activities under this part directed at such drug abusers.

(4) The State agrees that information provided under this part will be scientifically accurate and factually correct.

(5) In the case of a State in which there is a significant incidence of reported cases of acquired immunodeficiency syndrome, the State agrees—

(A) to use at least 50 percent of the total amount paid to the State under section 2413 for any fiscal year for grants to local governments and community-based organizations in areas in the State in which there is a significant incidence of reported cases of acquired immunodeficiency syndrome; and

(B) to require such governments and organizations to use such grants for the conduct by such governments and organizations of activities described in section 2414.

(6) The State agrees that Federal funds made available under section 2413 for any period will be so used as to supplement and increase the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made avail-

able for the programs and activities for which funds are provided under that section and will in no event supplant such State, local, and other non-Federal funds.

TECHNICAL ASSISTANCE

SEC. 2416. The Secretary may provide training and technical assistance to States with respect to the planning, development, and operation of programs to carry out this part. The Secretary may provide such training and technical assistance directly or through grants and contracts.

ANNUAL REPORT

SEC. 2417. Each State shall prepare and transmit to the Secretary an annual report on activities conducted with payments to the State under this part.

AUDITS

SEC. 2418. (a)(1) Each State shall establish fiscal control and fund accounting procedures as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under section 2413.

(2) Each State shall provide for one of the following:

(A) A financial and compliance audit of the funds provided the State under section 2413. Such audits shall be performed biennially, shall cover expenditures in each fiscal year, and shall be conducted in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, activities, and functions.

(B) A single financial and compliance audit of each entity administering funds provided under section 2413. An audit of such an entity shall be conducted biennially, shall cover expenditures in each fiscal year, and shall be conducted in accordance with standards of the Comptroller General referred to in subparagraph (A).

Within 30 days after completion of an audit under subparagraph (A) or (B), a copy of the audit report shall be transmitted to the State legislature and the Secretary. For purposes of subparagraphs (A) and (B), the term "financial and compliance audit" means an audit to determine whether the financial statements of an audited entity present fairly the financial position and the results of financial operations in accordance with generally accepted accounting principles, and whether the entity has complied with laws and regulations that may have a material effect upon the financial statements.

(3) Each State shall, after being provided by the Secretary with adequate notice and opportunity for a hearing within the affected State, repay to the United States amounts found not to have been expended in accordance with the requirements of this part or the certification provided under section 2415(c). If such repayment is not made, the Secretary shall, after providing the State with adequate notice and opportunity for a hearing, offset such amounts against the amount of any allotment to which the State is or may become entitled under section 2412.

(4) The State shall make copies of the reports and audits required by this section available for public inspection within the State.

(5) The Comptroller General of the United States shall, from time to time, evaluate the expenditures by States of allotments under this part in order to assure that expenditures are consistent with the provisions of this part.

(b) The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part in order to enable States to share uniform data and information with respect to the provision of such services.

WITHHOLDING

SEC. 2419. (a)(1) The Secretary shall, after adequate notice and an opportunity for a hearing conducted within the affected State, withhold funds from any State which does not use its allotment in accordance with the requirements of this part or the certification provided under section 2415(c). The Secretary shall withhold such funds until the Secretary finds that the reason for the withholding has been removed and there is reasonable assurance that it will not recur.

(2) The Secretary may not institute proceedings to withhold funds under paragraph (1) unless the Secretary has conducted an investigation concerning whether the State has used its allotment in accordance with the requirements of this part or the certification provided under section 2415(c). Investigations required by this paragraph shall be conducted within the affected State by qualified investigators.

(3) The Secretary shall respond in an expeditious manner to complaints of a substantial or serious nature that a State has failed to use funds in accordance with the requirements of this part or the certification provided under section 2415(c).

(4) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the requirements of this part or the certification provided under section 2415(c).

(b)(1) The Secretary shall conduct in several States in each fiscal year investigations of the use of funds received by the States under this part in order to evaluate compliance with the requirements of this part and the certification provided under section 2415(c).

(2) The Comptroller General of the United States may conduct investigations of the use of funds received under this part by a State in order to insure compliance with the requirements of this part and the certification provided under section 2415(c).

(c) Each State, and each entity which has received funds from an allotment made to a State under this part, shall make appropriate books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying, or mechanical reproduction on or off the premises of the appropriate entity upon a reasonable request therefor.

(d)(1) In conducting any investigation in a State, the Secretary or the Comptroller General of the United States may not make a request for any information not readily available to such State or an

entity which has received funds from an allotment made to the State under this part or make an unreasonable request for information to be compiled, collected, or transmitted in any form not readily available.

(2) Paragraph (1) does not apply to the collection, compilation, or transmittal of data in the course of a judicial proceeding.

CRIMINAL PENALTY FOR FALSE STATEMENTS

SEC. 2420. Whoever—

(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payment may be made by a State from funds allotted to the State under this part; or

(2) having knowledge of the occurrence of any event affecting his initial or continued right to any such payment conceals or fails to disclose such event with an intent fraudulently to secure such payment either in a greater amount that is due or when no such payment is authorized,

shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

EVALUATIONS

SEC. 2421. The Secretary shall conduct, or arrange for the conduct of, evaluations for services provided and activities carried out with payments to States under this part.

PART C—HEALTH SERVICES

AUTHORIZATION OF APPROPRIATIONS

SEC. 2431. For the purpose of allotments under section 2432, there are authorized to be appropriated $100,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

ALLOTMENTS

SEC. 2432. (a) The Secretary shall, for each of the fiscal years 1988, 1989, and 1990, allot to each State an amount determined in accordance with subsections (c) and (d). The Secretary shall, in accordance with section 2433, make payments for each such fiscal year to each State from the allotment for the State if the Secretary approves for each such fiscal year an application submitted by the State pursuant to section 2435.

(b) The Secretary may not make payments under an allotment under subsection (a) to a State for a fiscal year unless the State agrees that amounts received by the State pursuant to such subsection will be expended only in accordance with section 2434.

(c)(1) The allotment for a State under subsection (a) for a fiscal year shall be the greater of—

(A) the amount described in paragraph (2); or

(B) the amount determined in accordance with subsection (d).

(2)(A) If the total amount appropriated under section 2431 for any fiscal year equals or exceeds $50,000,000, the amount referred to in paragraph (1)(A) is $175,000 for such fiscal year.

(B) If the total amount appropriated under section 2411 for any fiscal year is less than $50,000,000, the amount referred to in paragraph (1)(A) is $100,000 for such fiscal year.

(d)(1) From the total amount appropriated under section 2431 for any fiscal year, the Secretary shall allot to each State for such fiscal year an amount which bears the same ratio to such total amount as the number of reported cases of living individuals with acquired immunodeficiency syndrome in the State bears to the number of reported cases of living individuals with acquired immunodeficiency syndrome in all States.

(2) To the extent that all the funds appropriated under section 2431 for a fiscal year and available for allotment in such fiscal year are not otherwise allotted to the States because—

(A) one or more States have not submitted an application or description of activities in accordance with section 2435 for the fiscal year,

(B) one or more States have notified the Secretary that they do not intend to use the full amount of their allotment; or

(C) some State allotments are offset or repaid under section 2437(a)(3);

such excess shall be allotted among each of the remaining States in proportion to the amount otherwise allotted to such States for the fiscal year without regard to this paragraph.

PAYMENTS UNDER ALLOTMENTS TO STATES

SEC. 2433. (a)(1) For each fiscal year, the Secretary shall make payments, as provided by section 6503 of title 31, United States Code, to each State from its allotment under section 2432 from amounts appropriated for that fiscal year.

(2) Any amount paid to a State for a fiscal year and remaining unobligated at the end of such year shall remain available to such State for the purposes for which it was made for the next fiscal year.

(b) The Secretary, at the request of a State, may reduce the amount of payments under subsection (a) by—

(1) the fair market value of any supplies or equipment furnished the State; and

(2) the amount of the pay, allowances, and travel expenses of any officer or employee of the Government when detailed to the State and the amount of any other costs incurred in connection with the detail of such officer or employee, when the furnishing of supplies or equipment or the detail of an officer or employee is for the convenience of and at the request of the State and for the purpose of conducting activities described in section 2434. The amount by which any payment is so reduced shall be available for payment by the Secretary of the costs incurred in furnishing the supplies or equipment or in detailing the personnel, on which the reduction of the payment is based, and the amount shall be deemed to be part of the payment and shall be deemed to have been paid to the State.

USE OF ALLOTMENTS

SEC. 2434. (a)(1) Except as provided in subsection (b), amounts paid to a State under this part may be used by the State for—

(A) the payment of compensation for the services of physicians, nurses, and social workers who plan, manage, provide, or arrange for the provision of, health care services for eligible individuals in the home and in community-based settings, including community-based respite and day care programs;

(B) the provision of referrals to other appropriate services;

(C) the identification, location, and provision of outreach to eligible individuals, including infants and children, needing health care services in the home or in the community;

(D) the provision of appropriate training and recruitment of individuals who provide services to eligible individuals;

(E) the provision of outpatient mental health services;

(F) the provision of outpatient drug abuse treatment services;

(G) the coordination of the provision of health care services in the home for eligible individuals; and

(H) the coordination of other health and social services provided for eligible individuals by public and private institutions and voluntary organizations in order to ensure the provision of such services and to maximize the use of funds provided under this part and other Federal laws.

(2) A State may use amounts paid to it under section 2433 to provide health care services in the home for eligible individuals through grants to health care organizations. In making such grants, a State shall give priority to certified home health care programs, hospitals, or community-based programs that have demonstrated an ability to deliver health care services.

(3) A State may use amounts paid to it under section 2433 to recruit and train community-based physicians and other individuals for the provision of services to eligible individuals.

(4) In carrying out the activities under this part, the State shall give priority to activities directed towards minorities and populations at high risk of contracting acquired immunodeficiency syndrome.

(b) A State may not use amounts paid to it under section 2433 to—

(1) provide inpatient services;

(2) make cash payments to intended recipients of health services;

(3) purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;

(4) satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds; or

(5) provide financial assistance to any entity other than a public or nonprofit private entity.

The Secretary may waive the limitation contained in paragraph (3) upon the request of a State if the Secretary finds that there are extraordinary circumstances to justify the waiver and that granting the waiver will assist in carrying out this part.

(c) Of the amount paid to any State under section 2433, not more than 5 percent may be used for administering the funds made available under such section. The State will pay from non-Federal sources the remaining costs of administering such funds.

APPLICATION AND DESCRIPTION OF ACTIVITIES

SEC. 2435. (a) In order to receive an allotment for a fiscal year under section 2432 each State shall submit an application to the Secretary. Each such application shall be in such form and submitted by such date as the Secretary shall require.

(b) Each State shall certify that the State will make copies of the applications required by this section available for public inspection.

(c) As part of the annual application required by subsection (a), the chief executive officer of a State shall certify as follows:

(1) The State agrees to use the funds allotted to it under section 2432 in accordance with the requirements of this part.

(2) The State agrees to identify each population in the State at high risk of contracting acquired immunodeficiency syndrome, including minority populations, and to provide services under this part to each such population.

(3) The State agrees that it will, to the maximum extent feasible, provide services under this part to individuals who are low-income individuals and not receiving equivalent services under the State's Medicaid plan approved under title XIX of the Social Security Act.

(4) The State agrees to use funds available to the State under section 2334(c) to establish a State Acquired Immunodeficiency Syndrome Council which shall—

(A) monitor, review, and evaluate, not less often than annually, the allocation and adequacy of services for eligible individuals within the State; and

(B) be comprised of residents of the State, including representatives of the principal State agencies involved in providing services to eligible individuals and representatives of community-based organizations providing services to eligible individuals.

TECHNICAL ASSISTANCE

SEC. 2436. The Secretary may provide training and technical assistance to States with respect to the planning, development, and operation of programs to carry out this part. The Secretary may provide such training and technical assistance directly or through grants and contracts.

AUDITS

SEC. 2437. (a)(1) Each State shall establish fiscal control and fund accounting procedures as may be necessary to assure the proper disbursal of and accounting for Federal funds paid to the State under section 2433.

(2) Each State shall provide for one of the following:

(A) A financial and compliance audit of the funds provided the State under section 2433. Such audits shall be performed biennially, shall cover expenditures in each fiscal year, and shall

be conducted in accordance with standards established by the Comptroller General for the audit of governmental organizations, programs, activities, and functions.

(B) A single financial and compliance audit of each entity administering funds provided under section 2433. An audit of such an entity shall be conducted biennially, shall cover expenditures in each fiscal year, and shall be conducted in accordance with standards of the Comptroller General referred to in subparagraph (A).

Within 30 days after completion of an audit under subparagraph (A) or (B), a copy of the audit report shall be transmitted to the State legislature and the Secretary. For purposes of subparagraphs (A) and (B), the term "financial and compliance audit" means an audit to determine whether the financial statements of an audited entity present fairly the financial position and the results of financial operations in accordance with generally accepted accounting principles, and whether the entity has complied with laws and regulations that may have a material effect upon the financial statements.

(3) Each State shall, after being provided by the Secretary with adequate notice and opportunity for a hearing within the affected State, repay to the United States amounts found not to have been expended in accordance with the requirements of this part or the certification provided under section 2435(c). If such repayment is not made, the Secretary shall, after providing the State with adequate notice and opportunity for a hearing, offset such amounts against the amount of any allotment to which the State is or may become entitled under section 2432.

(4) The State shall make copies of the reports and audits required by this section available for public inspection within the State.

(5) The Comptroller General of the United States shall, from time to time, evaluate the expenditures by States of allotments under this part in order to assure that expenditures are consistent with the provisions of this part.

(b) The Secretary, in consultation with appropriate national organizations, shall develop model criteria and forms for the collection of data and information with respect to services provided under this part in order to enable States to share uniform data and information with respect to the provision of such services.

WITHHOLDING

SEC. 2438. (a)(1) The Secretary shall, after adequate notice and an opportunity for a hearing conducted within the affected State, withhold funds from any State which does not use its allotment in accordance with the requirements of this part or the certification provided under section 2435(c). The Secretary shall withhold such funds until the Secretary finds that the reason for the withholding has been removed and there is reasonable assurance that it will not recur.

(2) The Secretary may not institute proceedings to withhold funds under paragraph (1) unless the Secretary has conducted an investigation concerning whether the State has used its allotment in accordance with the requirements of this part or the certification pro-

vided under section 2435(c). Investigations required by this paragraph shall be conducted within the affected State by qualified investigators.

(3) The Secretary shall respond in an expeditious manner to complaints of a substantial or serious nature that a State has failed to use funds in accordance with the requirements of this part or the certification provided under section 2435(c).

(4) The Secretary may not withhold funds under paragraph (1) from a State for a minor failure to comply with the requirements of this part or the certification provided under section 2435(c).

(b)(1) The Secretary shall conduct in several States in each fiscal year investigations of the use of funds received by the States under this part in order to evaluate compliance with the requirements of this part and the certification provided under section 2435(c).

(2) The Comptroller General of the United States may conduct investigations of the use of funds received under this part by a State in order to insure compliance with the requirements of this part and the certification provided under section 2435(c).

(c) Each State, and each entity which has received funds from an allotment made to a State under this part, shall make appropriate books, documents, papers, and records available to the Secretary or the Comptroller General of the United States, or any of their duly authorized representatives, for examination, copying, or mechanical reproduction on or off the premises of the appropriate entity upon a reasonable request therefor.

(d)(1) In conducting any investigation in a State, the Secretary or the Comptroller General of the United States may not make a request for any information not readily available to such State or an entity which has received funds from an allotment made to the State under this part or make an unreasonable request for information to be compiled, collected, or transmitted in any form not readily available.

(2) Paragraph (1) does not apply to the collection, compilation, or transmittal of data in the course of a judicial proceeding.

CRIMINAL PENALTY FOR FALSE STATEMENTS

SEC. 2439. Whoever—

(1) knowingly and willfully makes or causes to be made any false statement or representation of a material fact in connection with the furnishing of items or services for which payment may be made by a State from funds allotted to the State under this part; or

(2) having knowledge of the occurrence of any event affecting his initial or continued right to any such payment conceals or fails to disclose such event with an intent fraudulently to secure such payment either in a greater amount that is due or when no such payment is authorized,

shall be fined not more than $25,000 or imprisoned for not more than five years, or both.

EVALUATIONS

SEC. 2440. The Secretary shall conduct, or arrange for the conduct of, evaluations for services provided and activities carried out with payments to States under this part.

DEFINITION

SEC. 2441. For purposes of this part, the term "eligible individual" means an individual who is infected with the acquired immunodeficiency syndrome virus and who has clinical symptoms resulting from such infection.

PART D—TRAINING

FELLOWSHIPS AND TRAINING

SEC. 2451. (a) The Secretary, through the Director of the Centers for Disease Control, shall establish fellowship and training programs to be conducted by the Centers for Disease Control to train individuals to develop skills in epidemiology, surveillance, testing, counseling, education, information, laboratory analysis, and risk reduction relating to acquired immunodeficiency syndrome. Such programs shall be designed to enable health professionals and health personnel trained under such programs to work, after receiving such training, in national and international efforts to combat acquired immunodeficiency syndrome.

(b) Any individual receiving a fellowship or receiving training under subsection (a) shall not be counted in determining the number of full time equivalent employees of the Department of Health and Human Services for the purpose of any limitation on the number of such employees established by law prior to, on, or after the date of enactment of this title.

(c) To carry out this section, there are authorized to be appropriated $20,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

CONTINUING MEDICAL EDUCATION

SEC. 2452. (a) The Secretary shall make grants to nonprofit national organizations representing health care workers to assist in the payment of the costs of projects to train such workers concerning—

(1) appropriate infection control procedures to reduce the transmission of acquired immunodeficiency syndrome; and

(2) the provision of care and treatment to individuals with acquired immunodeficiency syndrome and related illnesses.

(b) No grant may be made under this section unless an application therefor is submitted to the Secretary in such form, at such time, and containing such information, as the Secretary may prescribe.

(c) The Federal share of the costs of a project supported with a grant under this section shall be 33 percent.

(d) To carry out this section, there are authorized to be appropriated $4,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989 and 1990.

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